Assumption University

Exceptional Children

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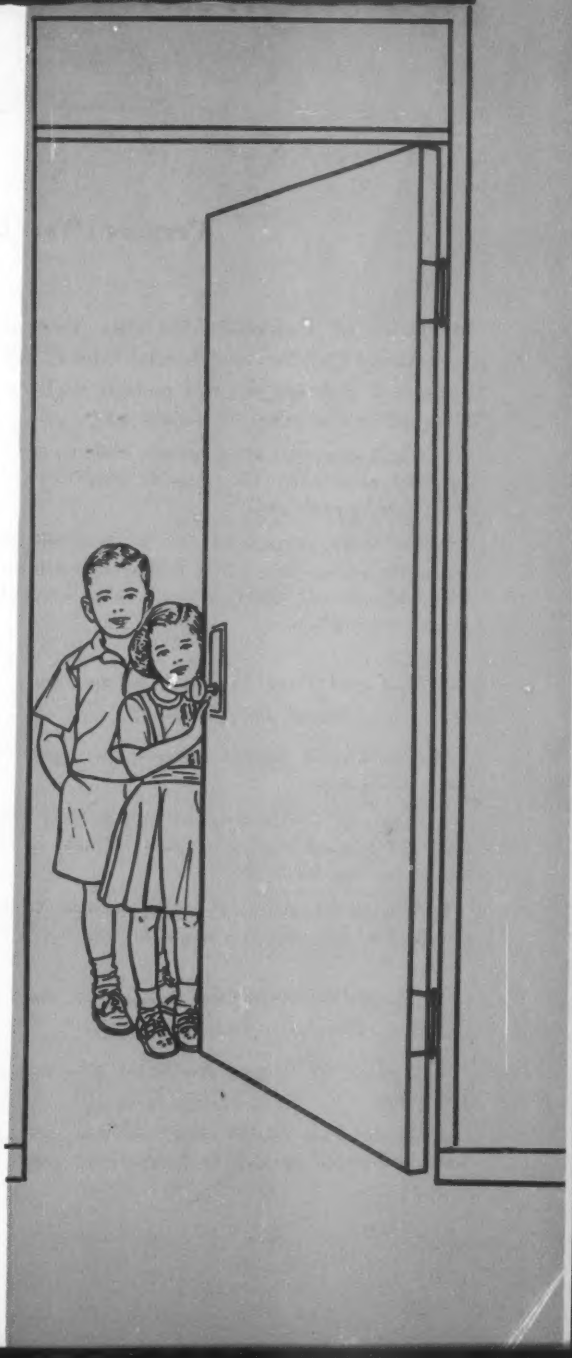

Prepared for Discussion Groups

"Attitudes of University Students Toward Exceptional Children and Special Education"

Margit I. Badt suggests that students might be interested in discussing the following:

1. Which categories of exceptional children seem the most accepted? The most rejected? How might this be explained?

2. Are there suggestions in the communities and in the nation as a whole that exceptional individuals may not always remain an unaccepted minority group?

"Good and Poor Learners in an Oral School for the Deaf"

Miriam Forster Fiedler offers these questions for consideration:

1. What do the findings show regarding the need for clinical studies of poor learners in a school for the deaf?

2. What is the relation of intelligence test scores to school achievement in a school for the deaf?

"Chicago Opens a New School for the Physically Handicapped"

The article by Frances A. Mullen answers the following:

1. Is the Neil School integrated and serving non-handicapped as well as handicapped pupils?

2. How has the uncertainty of the future incidence of handicapping conditions influenced the structure and expansion plans of this new school?

"The Adjustment of Gifted Children in the Regular Classroom"

James J. Gallagher and Thora Crowder offer these questions as guides for group discussion:

1. What types of problems seem to be most prevalent in gifted children in the regular classroom?

2. What factors are related to the type of problems manifested? How might this information be used to plan curriculum modifications for these children?

"Some Observations on the 1956 Statement of Policy Issued by the American Association of Instructors of the Blind"

1. What is T. Ernest Newland's thinking regarding the need to provide for individual differences among children of any category of exceptionality?

2. What 15 points does M. Robert Barnett feel should be included in a statement of policy on the education of the blind?

3. What does William M. Cruickshank say about the desirability of selective placement of blind children?

Exceptional Children

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Attitudes

of University Students toward EXCEPTIONAL CHILDREN and SPECIAL EDUCATION

MARGIT I. BADT

WHAT *you think of me, I'll think of me; and what I think of me will be me.*

Thus can be summarized much of what has come to be recognized about the role of attitude in personality development. Berreman (1) has indicated the implications of such information for the area of exceptional children, pointing out that the attitudes of the exceptional child toward himself can make any kind or degree of exceptionality into an enormous or a minimal barrier to adjustment.

How, then, is the exceptional child regarded by the important others in his environment? Tenny (4) describes physically handicapped individuals as members of a minority group, and shows the similarity of their plight in seeking education, jobs, and acceptance to that of members of other minority groups. Research has shown that parents, teachers, and age-peers exhibit toward the exceptional individual reactions which emphasize to him how "different" he is, and that to be different is to be less acceptable. Kvaraceus (3) recently reported a study made with graduate students in education and social service which suggested that, even among personnel reputedly able to accept all kinds of children, there lingered prejudice against those who fail to conform to society's standards for "acceptable" appearance and behavior.

The present discussion will deal with a project attempting to study further the relationship of non-exceptional individuals to exceptional individuals with whom they may have come in contact. The major objectives in making the study were to ascertain attitudes regarding the administration of special education services, and to determine attitudes toward exceptional children as a group and toward various categories of exceptional children. To obtain expressions of these attitudes, questionnaires utilizing objective-type items were compiled. The respondents were University of Illinois students. The total number of respondents was 210; of these, 144 students were in education and 66 students were in curricula other than education. The responses of the students were kept anonymous to encourage frankness. Responses from education and non-education students were compiled separately in order to be able to determine whether there were differences in attitudes between the two curricular groups.

Attitudes toward Providing Special Education

A double entry question was written to investigate the respondents' perception of which kind of exceptional children needed special services of some kind, and how these should be administered.

• **MARGIT I. BADT** is a member of the psychology department of the Lincoln State School and Colony, Lincoln, Illinois. This report is part of a study conducted at the University of Illinois, under the direction of T. Ernest Newland. The complete thesis is available at the library of the University of Illinois.

This question was as follows:

For the benefit of both exceptional and non-exceptional children, the best way of handling instruction is as follows: (MARK X in the appropriate column or columns for each type of exceptional child)

	Regular class	Visiting specialist	Special class	Institution	Home
Speech handicap					
Marked visual handicap					
Marked hearing handicap					
Marked crippling					
Mental handicap					
Mentally gifted					
Emotionally maladjusted					

On the whole, the respondents evidenced awareness of the need for special services and seemed willing to have established special classes. Yet they also seemed inconsistent in whom they assigned to these special classes.

The majority of respondents would place children with speech handicaps in special classes; the students in education recognized the more common procedure, that of providing visiting specialists for these children. Fairly high agreement occurred in the choice of special classes to serve children with visual and hearing handicaps. There was much less agreement in the choice of facilities for crippled children. While more of the education students chose special classes to serve them, a third of these students would retain the crippled children in regular classes. The non-education students also showed much disagreement among themselves; more of them chose to retain crippled children in regular classes. Education for mentally handicapped children was thought of predominantly in terms of special classes. However, the non-education students gave evidence that they perceived mental handicap as synonymous with severe mental deficiency rather than with the less marked degree of retardation which makes up most of the mentally handicapped population. Thus, they tended to choose institutional care for these children. The decision on administering instruction to gifted children was nearly a 50-50 split between those who indicated special classes and those who indicated regular class placement. The greatest indecision and intra-curricular disagreement were seen on the question of handling instruction for socio-emotionally maladjusted children. All four alternatives—regular and special classes, visiting specialists and institutional care—were chosen, with special classes having a slight margin of votes.

In an attempt to involve the respondents more directly with the children, the following two items were included in the questionnaire:

If, at present, only one kind of exceptional child could be given special service, you as a citizen (and parent of "typical" children) would choose the following: (check in the appropriate column the one you would most prefer, and in the other indicate the one service you would least prefer) and, similarly,

"If you already were a teacher, how would you feel about teaching different kinds of exceptional children? Check in the appropriate column the kind of exceptional child you would most like to work with, and in the other column the kind of exceptional child you would least like to work with."

After these directions, the following table appeared for each question:

	First Choice	Last Choice
Speech handicap		
Marked visual handicap		
Marked hearing handicap		
Marked crippling		
Mental handicap		
Mentally gifted		
Emotionally maladjusted		

In the respondents' choices of exceptional children for whom the need of special help was greatest, there was considerable diversity of opinion. On the whole, however, the respondents indicated that they would help the socio-emotionally maladjusted and mentally handicapped children first.

Much greater agreement was found in the respondents' choices for the exceptional children for whom special services were least desired—in every case this was the gifted child. As the previous question, regarding methods of educating gifted children, suggested, many students failed to see a problem as existing with respect to the gifted, but rather with respect to the other end of the intellectual continuum, the mentally retarded.

This nomination of the socio-emotionally maladjusted and mentally handicapped children for special services was somewhat of a "let someone else do it" response, it would seem. For in naming the kind of child with whom the respondent would be willing to work personally, an abrupt change occurred: a fairly consistent two-to-one majority of respondents gave as their first choice the gifted child. There was agreement also in the nomination of the children with whom the respondents would be least willing to work—the socio-emotionally maladjusted, closely followed by the mentally handicapped.

In Table 1 this discrepancy, between the kind of exceptional children to whom the respondents believed services should be given and the kind they themselves would be willing to teach, is depicted. The table gives the rank of each kind of exceptional child from one to seven, according to how frequently he was nominated by the entire group of respondents for "most willing to provide services," "least willing to provide services," "most willing to teach," and "least willing to teach." Here it can be seen that the socio-emotionally maladjusted child ranked as first—both as being the one to receive special educational services, and the one to avoid working with. Similarly, the gifted child was ranked first—as the child least in need of special education, and yet as the one with whom more respondents would work.

one was the inconsistency, as regards the needs of the children involved, in assigning various children to special classes and not others. The other point was the wide discrepancy between the children for whom services were perceived as necessary and those with whom the respondents would work. To parody G. Stein—Maybe exceptional children aren't exceptional children. There seem to be distinctions made in the gross category of exceptionality, in the attitudes of the respondents which affect the degrees to which certain kinds of children would be accorded acceptance and aid.

Differential Attitudes toward Exceptional Children

In studying the attitudes expressed toward the various kinds of exceptional children here considered, an attempt was made to deal with some possible bases for the differential attitudes found earlier. Did there exist stereotypes, roles or characterizations of any particular type of child, and, if these existed, were they positive or negative, indicating acceptance or rejection of this child?

As a way of studying social distance, the following question was put to the respondents:

"Assuming you were the parent of a 'typical' child in elementary school, your child would inevitably meet many kinds of exceptional children. His contacts with them might range from the most casual to, perhaps, the very friendly. Indicate below how you think you would feel about his contacts with children representing each type of exceptionality, and for the different kinds of situations indicated at the left of the table. Please use the key

TABLE 1 FREQUENCIES WITH WHICH EACH TYPE OF EXCEPTIONAL CHILD WAS CHOSEN TO RECEIVE SPECIAL SERVICES, AND TO BE TAUGHT BY RESPONDENTS, AND THE RELATED RANKS

Type of X Child	Most in need of Service		Least in need of Service		Most like to Teach		Least like to Teach	
	N	Rank	N	Rank	N	Rank	N	Rank
Speech	15	6	31	2	26	4	13	5.5
Visual	25	4	6	6	16	6	10	7
Hearing	8	7	1	7	8	7	13	5.5
Crippled	21	5	18	5	30	3	15	4
M.H.	38	2	26	3	19	5	54	2
Gifted	27	3	100	1	60	1	30	3
Maladjusted	71	1	23	4	33	2	56	1
Omissions	5		5		18		19	
Total Respondents	210		210		210		210	

To summarize, then, attitudes of the respondents toward providing special education: Two aspects of their apparent willingness to provide special services may call into question their motivations:

below to indicate what you think the strength of your feeling might be.

Preference Rating Key
1—I'd like it very much
2—I'd not enthuse over it, but I'd tolerate it
3—I'd rather not, but would not forbid
4—I'd be strongly against it

	Speech	Visual	Hearing	Crippled	Mental h.	Gifted	Maladjust.
Play with daily							
Tentmates at camp							
Stay overnight							
Your child's party							
Sell magazines with							
Be a classmate							

Speech handicapped children were generally accepted at the first level, although somewhat less readily by non-education students than by those in education.

Children with visual and auditory handicaps were also accepted at the first level by a majority of the respondents.

The respondents would "like very much" that crippled children be playmates and classmates of their non-exceptional sons and daughters. This response is in contrast to Force's (2) conclusions. He used a sociometric device with "integrated" classes, having both physically handicapped and non-handicapped pupils and found that the handicapped children received fewer votes than the non-handicapped for playmates and classmates. The differences in findings can probably be attributed, at least in part, to two factors: the differences in age, maturity, and socio-economic levels of subjects, and the differences in situations—the university students were presented with a hypothetical, psychologically more remote problem than were the children who were responding to everyday and concrete questions.

There was marked unwillingness, "I'd rather not," by the respondents to have "their children" associate with mentally handicapped children, particularly in the more intimate contacts such as "stay overnight" and "play with daily." This unwillingness was greater among non-education students. Responses to other questions had suggested that these were the students who were most likely to interpret "mental handicap" as referring to severely defective individuals. The gifted children were very well accepted.

The socio-emotionally maladjusted child was the least accepted as an associate of the non-exceptional child, particularly in the "stay overnight" and "play with daily" categories. Those respondents who had advised institutional commitments and special classes for him were especially opposed to letting him mingle with "typical" children.

A table was compiled, Table 2, to compare the various categories of children as regards their overall acceptance or rejection by the respondents. Medians were computed from the ranks given each category of exceptional child on each of the six social situations. There were 18 such medians computed from the responses of the students in education, and 12 such medians from the responses of the students in fields outside education (since there were many fewer non-educational students). While the two groups of students seemed to feel much the same toward the various categories of exceptional children, it will be seen that there was always a greater proportion of non-education students who would keep a greater social distance from exceptional children.

Could the relative social status of the various exceptional children be understood if something were known on how they were characterized in terms of somewhat more specific personality traits?

The following question attempted to ascertain which traits, among those presented in the question, the respondents perceived as associated with or characteristic of these children.

"For each kind of exceptional child, check as many of the characteristics (at the left) as you feel are quite descriptive of him."

	Speech hand.	Visual hand.	Hearing hand.	Crippled	Mental hand.	Gifted	Emotional maladjust.
Bullying							
Cheating							
Considerate							
Cooperative							
Fighting							
Happy							
Independent							
Lying							
Neat							
Plays hookey							
Polite							
Show-off							
Stealing							
Swearing							
Untidy							

TABLE 2. FREQUENCIES WITH WHICH MEDIANS OF 1, 2, 3, AND 4 WERE FOUND FOR EACH CATEGORY OF EXCEPTIONAL CHILDREN

Median Ranks	Speech H.		Visual H.		Hear. H		Crippled		Ment. H.		Gifted		Maladjusted	
	Ed.	N-Ed	Ed.	N-Ed.	Ed.	N-Ed.	Ed.	N-Ed.	Ed.	N-Ed.	Ed.	N-Ed.	Ed.	N-Ed.
1	12	5	16	8	14	8	18	9	0	0	18	7	0	0
1.5				1	2	2		2				1		
2	6	7	2	3	2	2	1	1	10	2	0	4	6	2
2.5									1				1	
3	0	0	0	0	0	0	0	0	7	10	0	0	11	7
3.5														1
4	0	0	0	0	0	0	0	0	0	0	0	0	0	2

Speech handicapped children were described primarily in positive terms—"considerate," "cooperative," "polite," and "neat" were the four descriptions employed by one-third to two-thirds of the respondents. The students in curricula other than education showed less agreement on terms and used both favorable and unfavorable ones to a greater extent than did the education students.

The visually, acoustically, and orthopedically handicapped children were generally favorably characterized—again as "considerate," "cooperative," "polite," and "neat." There was somewhat greater divergence of opinion in reference to children with orthopedic handicaps, especially among education students. (They were also the ones to be more dubious as to which kind of arrangement would be preferable in educating these children.)

It was interesting to note that in describing the mentally handicapped, the only term that recurred with any marked frequency among all respondents was "untidy," "lie," "fight," and "play hookey" were other terms employed.

The reactions toward the gifted were in great contrast to those toward the mentally handicapped. Mostly positive terms were used, although the education students were more strongly positive than were those in other curricula.

The socio-emotionally maladjusted child was strongly stereotyped—as the "acting-out" aggressive child who "bullies," "fights," "lies," and is a "show-off." The students indicated that their concept of maladjustment is that of overt, disrupting, and socially frowned-upon behavior.

Summary

The questionnaire method used to investigate attitudes of certain University of Illinois students toward exceptional children and toward providing special educational services produced responses indicating that the need for such services was appreciated by the students. However, there was some unwillingness to participate directly in providing the services. The reactions were of a "It's a good idea, but leave me out" nature.

(Continued on page 336)

GOOD *and* POOR *learners in an* ORAL SCHOOL FOR THE DEAF

MIRIAM FORSTER FIEDLER

TEACHERS of the deaf, like all teachers, are concerned with those children who are poor learners and have long been aware of the fact that there is no simple relationship between degree of hearing loss, intelligence, or any other single factor thus far studied, and language achievement. This paper reports an ongoing study of young children in an oral, residential school for the deaf, a study still in process and offering at this time only what may be helpful clues to further thought and research concerning the problem: "What makes a deaf child in an oral school an outstandingly good or poor learner?"

Subjects and Procedure

Three groups of children were studied: 12 "very good" learners, 12 "very poor" learners, and 25 children who fall in between these two extremes who, for the purposes of this study, may be called "average" learners. In the fall of 1952, the 52 children then in the lower school were thus tentatively classified on the basis of teacher judgments. At that time they had been in the school from one to four years. In the ensuing three years, the good and poor groups remained intact but three children in the average group left school, leaving a total of 49 children to be discussed in this paper.

Over a period of three years various data concerning these children were gathered and analyzed: developmental data provided by a detailed personal and family history questionaire and by parent interviews, when possible; health histories; hearing and vision tests; mental tests and personality assessments; teacher reports on school progress and observational data. Table I presents a summary of those data to be discussed.

• **MIRIAM FORSTER FIEDLER** is a research psychologist and affiliated with Smith College and the Clarke School for the Deaf, Northampton, Massachusetts.

FINDINGS OF THE STUDY

Etiology and degree of deafness

No important differences were found between the good and poor learners in either etiology of deafness or degree of hearing loss as measured by audiometric tests. The mean hearing loss of the better ear for the three frequencies 500, 1000, 2000, was 87.23 for the good learners, 92.91 for the poor learners. The range of loss was similar with the exception of one good learner who had a loss of only 58db for these frequencies. For seven of the good learners and nine of the poor learners deafness was considered congenital. The good-learning group was slightly more weighted with etiological factors which might involve generalized impairment, such as meningitis, RH factor, rubella.

Family and personal history data

A few group differences appeared in the family history data. First, the good learners came from families higher in the socio-economic scale as estimated by father occupation: 100% of this group rank in the top three classes on a five-point scale, only 66% of the poor-learning group. Twice as many of the parents of the best learners had a college education. Finally, three of the best learners but none of the poor learners had deaf parents or older deaf siblings who were orally educated.

Examination of such developmental data as time of teething, sitting, walking, etc., revealed only one group difference but that one was a statistically highly significant one. At birth both the good and average learners weighed on the average two pounds more than the poor learners. The mean

TABLE 1. SUMMARY OF DESCRIPTIVE DATA FOR GOOD, POOR AND AVERAGE LEARNERS

		Good Learners	Poor Learners	Average Learners
N		12	12	25
Sex	Male	7	6	8
	Female	5	6	17
C.A. 9/52				
	Range	5:4-9:1	5:8-8:7	5:4-9:9
	Median	6:9	7:1	7:3
When entered Clarke (Mdn)		5:1	5:4	5:1
Hearing Loss				
M for better ear		87.25db.	92.91	87.25
Etiology of deafness				
Congenital		7	9	16
Rubella		0	1	2
RH factor		2	0	0
Meningitis		2	0	2
Other illness*		1	2	5
* All by two years except in average group at 5:4				
Family background				
Median C.A. of parents at child's birth	M	26	26	29
	F	28.5	29	31
Parent Education	M	10	10	13
High School	F	10	9	12
College	M	6	2	4
College	F	4	3	8
Occupation rating of father	I	2	0	4
	II	3	4	6
	III	7	4	11
	IV	0	4	1
	V	0	0	3
Deaf parents		3	0	1
Deaf siblings		3	0	4
Developmental data				
M. birthweight		7.79 lb.	5.60	7.40
Median C.A.:				
First tooth		6.5 mos.	6.0	8
Sat alone		6.5 "	6.5	6
Walked		14 "	12	13

weights were 7.79 and 7.40 respectively, as compared with 5.60 for the poor learners, a difference significant at the <.01 level. Consideration of height-weight data for these children in 1955 showed the good learners still, on the average, taller and heavier but the differences were no longer statistically significant ones. However, summary records of the yearly medical examinations by the school physicians reinforced the picture of the good learners as a physically superior group. All but one were described as "robust" or "healthy," while only four of the poor learners were described as "healthy" or "normal." Two were called "obese," the remaining six were described by such terms as "thin, tense, timid, puny, nervous."

Further study of the developmental histories of these children added more detail to the picture of the poor-learning group as one which had had to contend with more handicapping conditions than loss of hearing alone. From the evidence of all available data, the early years of the good learners were relatively free of serious illnesses or accidents and from emotionally handicapping experiences, with the exception of the two cases of meningitis and in these children the effect of the disease was limited to the destruction of hearing. In contrast, the records of the poor learners revealed frequent illnesses and accidents and/or unfortunate home conditions. Such physical handicaps as extreme prematurity of birth, near-fatal illness at birth or shortly thereafter, congenital weaknesses of muscular and visual incoordination, and such psychological handicaps as illegitimacy, traumatic loss of a mother figure, adoption after months of partial neglect, and marked maternal over-protection.

Another marked group difference appeared in data concerning early educational experiences of these children. Of the 12 good learners, seven, or 58% had had intensive teaching by individual teachers in their homes or had attended daily pre-school classes. Of the remaining five good learners, three had deaf parents and older siblings, all orally trained, so that, in perhaps the best sense, they had good home teaching. Of the poor learners, only two, or 17%, had such early training, although six had had some instructions weekly at hearing league classes for parents and pre-school deaf children. Thus, whatever may be our reservations concerning the overall value of intensive, formal tutoring for young deaf children, it could be assumed that this group of good learners had a head start in language learning.

Tests and examinations after school entrance

VISION: Tests of vision were made by an opthalmologist using screening techniques and referral when necessary for complete visual examination. Of the good learners only one child was thus referred and only for a change in her glasses, as she was already under treatment for myopia. Of the poor learners, on the other hand, four children

TABLE 2. COMPARISON OF IQ SCORES OF GOOD, POOR AND AVERAGE LEARNERS ON LEITER INTERNATIONAL PERFORMANCE SCALE

	N	C. A. Range	C. A. Median	M	IQ Median	Mean Diff.	t	p
Good	12	5:11-9:5	7:4	105	105			
						10	1.87	<.10
Poor	12	4:11-8:10	6:4	95	97			
Good	12			105	105			
						9	1.96	.05
Average	25	5:4-10:3	6:10	96	96			

and a possible fifth were found to have defective vision as yet untreated. All of these visual defects were of a hyperopic nature, the sort of visual defect most apt to interfere with early school learning. Thus, the poor-learning group was found to be functioning with a markedly greater percentage of visual defects than the group of good learners.

MENTAL TESTS: Each child in the three groups was studied by means of several tests of mental development; the Arthur Revision of the Leiter International Performance Scale, the performance tests of the Wechsler Intelligence Scale for Children, and the Goodenough Draw-A-Man Test of Intelligence. These test data are summarized in Tables 2, 3, and

TABLE 3. COMPARISON OF IQ SCORES OF GOOD, POOR AND AVERAGE LEARNERS ON WECHSLER INTELLIGENCE SCALE FOR CHILDREN (PERFORMANCE)

	N	C. A. Range	C. A. Median	M	IQ Median	Mean Diff.	t	p
Good	12	7:7-10:2	8:2	109	113			
Poor	12	6:5-8:10	8:2	93	97	14	3.23	<.01
Good	12			109	113			
Average	25	7:6-9:11	8:4	107	104			
Average	25			107	104			
						12		<.01
Poor	12			95	97	(by inspection)		

LATERALITY: A series of tests of laterality were given each child. Of the good learners, four or 33% showed a condition called "mixed dominance," *i.e.*, were right-handed, but left-eyed or *vice versa*. Of the poor learners, 10 or 83%, showed such a condition, a striking difference of 50% between good and poor learners. Myklebust has also reported a high incidence of such confused dominance among children with defective hearing, especially in children presenting the syndrome of brain injury and concomitant motor incoordination (5). In the psycho-educational literature concerning hearing children there has been much discussion and little agreement on the significance of this confusion of laterality in relation to language learning, particularly reading. If such mixed dominance is a handicap as many investigators of language learning have maintained, it is again the poor-learning group which is the more handicapped.

4. As would be expected, on all three tests the good learners scored higher *as a group* than the poor learners. Of the three tests, the Leiter Scale alone failed to differentiate at a statistically significant level between good and poor learners. On the Wechsler Scale there is a significant difference between good and poor and between average and poor learners but not between good and average learners, as groups. There was, however, considerable overlap between the good and poor-learning groups: three, or 25% of the poor learners tested as above average on the Wechsler, while only 50% of the good learners so tested. This overlap is emphasized further if we omit from the poor-learning group four children who, from all available evidence, appear to be children actually retarded in mental development. With this omission, there were no statistically significant differences between the good, average and poor learners either in total IQ

TABLE 4. COMPARISON OF IQ SCORES OF GOOD, POOR AND AVERAGE LEARNERS ON THE GOODENOUGH DRAW-A-MAN TEST

	N	C. A. Range	C. A. Median	M	IQ Median	Mean Diff.	t	p
Good	11*	5:11-10:8	8:6	124	123			
						38	4.92	<.01
Poor	12	5:5-8:8	8:4	86	91			
Good	11			124	123			
						21	2.71	.01
Average	25	5:7-9:10	7:4	103	103			
Average	25			103	103			
						17	2.32	<.05
Poor	12			86	91			

scores or in subtest performance on the Wechsler Scale.

In marked contrast to the above findings, the Goodenough Draw-A-Man Test discriminated sharply between the groups. Thus, the mean IQ of the good learners was 124, of the average learners 103, of the poor learners 86, all statistically significant differences. These marked differences appeared with both of two sets of drawings done one year apart. There was, moreover, no overlap of scores with the good and poor-learning groups.[1]

VISUAL PERCEPTION: Each child was tested with the Marbleboard Test, a test which requires that he copy designs made with colored marbles. (7) With a maximum accuracy score of 18 points possible, the mean score for the good learners was 17.92, for the average learners 17.33, for the poor learners 12.91, statistically highly significant differences. Thus, only the group of poor learners showed the disturbance of visual perception on the Marbleboard Test that some investigators have found typical of their total deaf groups.(6)

PERSONALITY ASSESSMENT: Finally, in the realm of personality functioning, a series of projective test sessions were conducted with each child. Data from only one are prepared for report here, The World Test of C. Buhler (1). The World Test is a projective test for studying the child as he plays with miniature toys—houses, cars, people, animals, fences, etc.—and builds "a world" with them. Using Buhler's method of analysis of such Worlds, in contrast to the realistic, functional sort of world considered typical of the "normal" child, one may find the Aggressive World (marked by many fights, killings, accidents), the Empty World (empty of people or things), the Closed World, (fenced in), the Disorganized World (marked by confusion), and the Rigid World (arrangement of items in lines or schematic patterns).

TABLE 5. COMPARISON OF GOOD, POOR AND AVERAGE LEARNERS ON THE WORLD TEST: RATINGS FOR "ORGANIZATION"

Groups	No confusion N	%	Some confusion N	%	Extreme confusion N	%	Rigid schematic N	%	Total N	%
Good	8	73	0	0	0	0	3	27	11*	100
Poor	1	9	0	0	6	55	4	36	11*	100
Average	9	36	3	12	6	24	7	28	25	100

* One child did not build a usable World.

Evaluation of two Worlds for each of these 49 children revealed among the poor learners many more of these bizarre or disturbed Worlds. Table 5 presents quantitative data for only the most striking difference found between the groups, comparative ratings for the three groups for level of "or-

[1] When the same test was used with 75 hearing children, grades one to three in a public school, the drawing test did not do the sharply discriminative job with the hearing as with the deaf children. The difference in mean scores of the good-and-poor-learning groups (as classified by teacher judgments) approached the .05 level of significance, the only group difference found.

ganization."[2] No World built by a good learner, regardless of his age, was a badly disorganized World, while 55% of the poor learners and 24% of the average learners built such Worlds. The poor-learning group, it can be added, also built more Worlds marked by extreme aggression than did either of the other two groups: 45% of the poor learners as contrasted with 18% and 20% of the good and average learners respectively built such Aggressive Worlds.

Discussion

Such data as have been presented here can be only suggestive, of course, because necessarily incomplete, but they appear to emphasize the need for more careful and detailed studies of individual poor learners. Particularly does it seem important to know more about familial histories, of prenatal and early post-natal factors of illness and of emotional experiences and learning in infancy and early childhood. We are today becoming increasingly aware of the possible significance of such developmental histories of the young deaf child and, especially of the fact that many seemingly straight forward cases of profound deafness may present complex pictures of inherited or acquired organic impairment. Many deaf children, it is becoming evident, because of such damage and/or emotional disturbance may be those who cannot *understand* what they hear rather than ones who cannot hear because of defective end-organs of hearing.

The findings of some of the tests used with these small groups of good and poor learners reinforce the suggestions afforded by the developmental histories. The findings of a significantly greater incidence of cases of confused laterality among the poor learners, as well as the markedly poorer performance on the Marbleboard Test, adds to the picture of the poor-learning group as a possibly multiple-handicapped group of children. In just what this impairment consists or results from, remains to be explored by more detailed studies of the individual children.

In relation to the above findings, the discriminative ability of the Draw-A-Man test to pick out superior learners among young deaf children is highly interesting, especially when we consider the nature of the test. It may well be, of course, that this test is for some reason just a highly superior test of intelligence (or of learning ability) for young deaf children. It may be markedly more so for the deaf than the hearing. Drawing is, as we know, a form of language for all young children, as Goodenough long ago pointed out: The child "draws what he knows, rather than what he sees" (3, p. 480). It is obvious that many of the factors involved in drawing performances are related to the learning of speech and lipreading: analytic observation, visual imagery, eye-hand coordination, and the like.

There is also the probability that these drawings reflected differences of personality and emotional adjustment, as well as anomalies of perception and apperception. Such draw-a-person tests are widely used today in clinical diagnoses of emotional problems. Goodenough and Harris have pointed out the possible psychological significance of great disparity between scores on a Stanford-Binet test and the Draw-a-Man test, comparable to those differences found for these poor learners between the Wechsler and Goodenough scores. "It appears that a Goodenough IQ markedly lower than that earned on the Binet may afford some indication of emotional or nervous instability or, it is just possible, of brain damage." (4, p. 388). A comparable piece of research by Glowatsky reported similar finding for children in a non-oral school: "An interesting fact . . . was that seven of the 11 children who obtained scores on the Goodenough lower than those on the Arthur scale, presented evidence of being more immature in their actions, poorer in their proficiency with the manual alphabet and sign language, or a combination or both." (2, p. 332)

All these findings, then, appear to agree on the need for further clinical studies of the nature of the hearing difficulties of poor-learning deaf children, of developmental studies of the particular problems they present in learning auditory and visual patterns, as well as the importance of emotional factors in relation to learning. It would be hoped that such studies might afford a more solid basis for appropriately oriented teaching methods and psychotherapy for such young deaf children.

(Continued on page 330)

[2] A more detailed, comparative study of the Worlds of seven and eight-year-old deaf and hearing children is in preparation.

CHICAGO Opens a New School for the PHYSICALLY HANDICAPPED

FRANCES A. MULLEN

JANE A. NEIL, as principal and later as district superintendent in charge of Chicago's special schools, between 1914 and 1932, was the person most responsible for planning and building the Spalding and the Christopher elementary schools for physically handicapped children. She was a devoted and intelligent student of the needs of these youngsters, a fighter for their cause, a world-recognized authority in the field. It is indeed fitting that the latest building, opened by the Chicago public schools in September 1956, for physically handicapped children should be named in her honor.

With this opening, Chicago's physically handicapped children are served by four well-equipped and specially planned elementary buildings and one central high school. The Neil School replaces inadequately remodeled and poorly located facilities formerly used for crippled children in a south-end school, and relieves overcrowding at another. These special schools, as of September 1956, enroll a total of 1266 pupils ranging from age three to 21,

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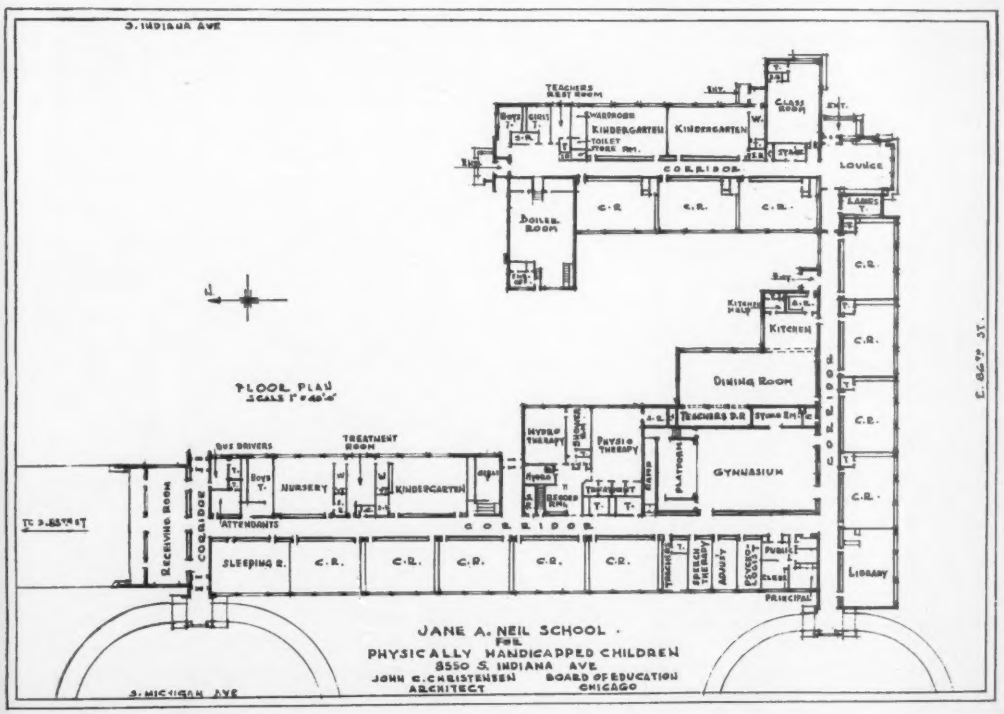
and from nursery school through high school. Of these, 169 handicapped youngsters from nursery through eighth grade, living south of 71st street, are cared for at the new Jane A. Neil School.

Features of the School

An integrated school: The Neil School enrolls 195 non-handicapped pupils in addition to the 169 handicapped. The two groups are in separate classrooms, with joint use of the auditorium, gym, lunchroom, administration, and guidance offices. One PTA serves the entire school. The pupils have opportunities to work and play together in a variety of activities; ways to increase this integration will be sought as the program develops. Chicago's earlier schools for the handicapped were entirely separate schools. This is the second unit to be integrated. Successful experience with this form of organization for part of the program for the physically handicapped runs back as far as 1929.

Large classrooms: To encourage freedom of movement in the classroom, rooms have been given generous proportions. Class memberships range from 15 to a maximum of 20 pupils, but the rooms are 26 x 38 feet, or 37 percent larger than the standard classroom being built in other new Chicago schools today for classes of twice the enrollment. We believe that a handicapped child should be allocated about three times as much floor space as a non-handicapped child. With this generous space, children in wheel chairs can move easily from one work center in the room to another and children with athetoid movements will not interfere with their neighbors. Extra-wide desk tables can be provided so that the handicapped child will have more of his work materials within reach, and the spastic child will be less apt to push his books and supplies to the floor. Wheel chairs can also be parked in the room while the pupil is transferred to another type of seating without dangerous blocking of passage ways.

This article is one in a series, edited by JACK W. BIRCH, dealing with problems of providing buildings and physical facilities for handicapped children in the public schools.



Other aids in the classroom include wardrobe doors which slide sideways rather than swinging out. Swinging doors are difficult for pupils in wheel chairs to manage; they may upset the balance of a child on crutches. Grab rails at the chalk trays and vertically at the edge of the chalk boards also contribute to the independence of youngsters. All classrooms have sinks and running water; those for the primary and younger groups have classroom toilets. Fluorescent lighting throughout the school is especially planned to give optimal light, to eliminate eye strain, and to avoid any hazards due to dark corners.

Outdoor classrooms: All nursery, kindergarten, and primary rooms have direct exits from the classroom to an asphalted play space given privacy from street or playground by shrubbery. The ground level of these classroom extensions is just a few inches below floor level, making possible much use of the out-of-doors both for work and play. For the older pupils, the playground is reached from the corridor with only one step as an obstacle. A large green-topped play area is available for recess, physical education, and recreation.

Self-contained classrooms: The classroom program for handicapped youngsters suffers many interruptions. Children must be out of their classrooms for physical therapy, adapted physical education, scheduled rest periods ordered by the child's physician, psychological study, speech therapy, visits to hospital clinics on school time, and other special services. For these reasons the balance of the child's educational program should be as stable as possible, under the direction of one teacher in a self-contained classroom. Each teacher is responsible for the arts, crafts, music, and library work of his own group. In the upper grades of other schools, Chicago typically provides a central library, and a home-mechanics laboratory. These have been omitted in the Neil School, and replaced with a limited amount of special equipment in the upper-grade rooms. Some of the reasons for this are discussed below under the heading of future plans. However there are real advantages to the more integrated program possible in the relatively self-contained classroom.

Physical therapy: Chicago has long provided a registered physical therapist for each 50 pupils in total enrollment in the special schools. Neil now has three such workers and the need for a fourth is becoming increasingly evident. Not all children enrolled in a special school need physical therapy. It is administered only on the specific request and prescription of the child's own private physician or clinic. Services include massage, passive and active exercise, heat, infra-red rays and hydrotherapy. Some of the equipment used includes a small swimming pool, hip and arm whirlpool tanks, walking bars, stairs for practice climbing, and resistance exercisers for arm or leg. The physical therapists perform another most important service: the interpretation of the physical needs of the child to the classroom teacher. They help the teachers to know how much to expect of each child, how much pressure to apply, and what activities are needed to bring specific muscles into use.

Two physical therapy areas are provided in the Neil School. There is a small room between the kindergarten and the nursery for the therapist who will serve these groups. Although the space is somewhat restricted, the very generous-sized adjacent classrooms make it possible for the therapist to use some of that space when desirable.

The main physical therapy suite has three treatment booths with plinths and lamps. There is room and equipment for active exercise by a number of children simultaneously. There is office space for the physical therapy clerks to keep the medical records and the treatment records of these youngsters and to make the needed clinic appointments. The swimming pool room with dressing booths and a separate room for the small treatment tanks are adjacent.

The swimming pool is small, designed for underwater treatment by a therapist working in the tank. Two or three pupils can be given exercise at one time, and they can be taught to swim a few strokes. A hoist lift with an overhead trolley makes it possible for a helpless child to be dressed on a table at pool side, then lifted and placed in the water at any appropriate depth where the therapist may desire to work with the child. As many as six small children can be given opportunity for recreational swimming and splashing, if desired.

Adapted physical education: An active sports, recreation, and physical education program carried on by ingenious teachers with experience and training in work with the handicapped is a key part of Chicago's program for the handicapped. At Neil,

for reasons of economy, the auditorium and gymnasium facilities are combined. When the auditorium seats are stored, a generous sized gymnasium with modified basketball facilities and much of the equipment of the normal elementary school gymnasium is available. In addition the receiving room, described below in connection with the bus loading, may be used during much of the day for adapted physical education activities. The surfaced playground is also used when the weather and the group permit.

Many games, including basketball and baseball, can be played from wheel chairs and on crutches, if the rules are modified and the teacher is ingenious. The gym field day in any of our special schools is a revelation to the visitor who thinks of handicapped children as confined to passive recreations. But these things take much room as well as much teacher skill. To maneuver wheel chairs and crutches and to allow for the unsteady gait of the palsied, there must be much space. With it these youngsters enjoy as exciting games and sports as any other group.

Guidance suite: Handicapped youngsters and their parents need personal, educational, and social guidance. A suite of three generous-sized clinic rooms adjoins the school office. A full-time adjustment teacher occupies one. She is responsible for the group-testing program, for identification of special educational needs, for tutoring especially in remedial reading, and for similar services in educational and vocational guidance. Cerebral palsied and other handicapped children have serious speech problems. A speech therapist is assigned to Neil three days per week. A teacher-nurse trained in public health techniques is available half-time. A school psychologist experienced in testing physically handicapped children and in counseling with them and with their parents also gives half of her time to Neil. These workers share the clinic rooms and are able to give hospitality and conference space to workers from community agencies who have frequent need to confer with staff, parents, or pupils of the special school.

Bus loading: Neil is served by six buses which bring pupils from a wide area. The south end of Chicago includes the long established industrial communities of South Chicago, Hegewisch, Pullman, and West Pullman surrounding our heavy industries; middle-class residential communities that grew up out of the Dutch market gardens of Roseland; wealthier areas of the South Shore along the lake and the Ridge communities of Morgan Park and Beverly Hills; and the public and private housing developments built on what was vacant land between and around these older settlements. A few areas approach slum conditions, but the district has no large deteriorated sections as are still found in more central areas of the city. There are still wide areas undeveloped between some of these communities. Lake Calumet, the Inland Waterways, and tremendous industrial areas further separate south-end communities, one from another. Bus routes must therefore cover much mileage, and follow devious paths. All the communities mentioned have long since been incorporated politically, if not always socially, into the city of Chicago; suburban children from still further away are accepted in our special schools when space is available; these arrive by taxicab provided by the local school district.

The unloading platform has been carefully designed. Pupils exit from the rear of the buses onto a covered dock. From it they pass into a large receiving room, where the necessary wheel chairs and walkers for each bus lined up in advance, with attendants ready to help the children as speedily as possible to their classrooms. This receiving room is cut off by doors from the wintry blasts of the out-of-doors and also by doors from the school corridors, to reduce the chilling of the rest of the school during the loading and unloading of pupils. Four buses can be loaded or unloaded at one time, thus greatly speeding the operation. For both bus drivers and attendants, rest rooms and toilet facilities, and telephone are provided adjacent to the receiving room.

Stage: The stage is large enough for considerable groups of crippled children. Two ramps make possible movement to and from either side of the stage. One ramp leads directly from a corridor to the east side of the stage. Another leads from the auditorium to the west side of the stage. No pupil will miss his chance in the limelight because of stage inconvenience.

Toilets: For the older pupils, gang toilet rooms are provided close to the upper-grade rooms. These rooms have outside doors that open with an elec-

(Continued on page 332)

SUMMER COURSES

in Special Education

THE colleges whose courses are listed here are those whose schedules were received before publication date for April EXCEPTIONAL CHILDREN.

All courses listed deal specifically with some phase of special education. Cognate courses in psychology, testing, and the like are not included. The symbol "g" indicates that courses are given for graduate credit only. When courses can be taken for either graduate or undergraduate credit, the symbol "b" is used. Numbers indicate semester hours unless a "q" is added as a symbol for quarter hours.

Since summer sessions plans are sometimes changed later in the season, *students are advised to write to the institution for final offerings.*

CALIFORNIA

COLLEGE OF THE PACIFIC, Stockton: Curriculum and methods for teaching mentally retarded 2b; Field observation and study of delinquency 2g; Psychology of exceptional child 2b; Reading clinic practicum 2-4b; Advanced reading clinic practicum 2-4b; Mental deficiency 2g; Musical guidance and therapy 2g; Musical therapy practicum 2g; Lip reading 2b; Audiometry and hearing conservation 2b; Lip reading laboratory 1-2b; Cerebral Palsy 2b; Speech problems of school children 2b; Speech correction techniques 2b; Clinical laboratory in speech correction 1-2b; Clinical methods 1-2g.

LOS ANGELES STATE COLLEGE, Los Angeles: Hearing and its measurement 3b; Aural rehabilitation 3b; Introduction to speech therapy 3b; Speech problems in the class room 3b; Hearing clinic 2g; Speech problems in cerebral palsy 3b; Speech reading 3b; Workshop on eurythmics for teachers of deaf children 1b; Survey of physical defects 3b; Methods of teaching crippled children 3b; Workshop on problems of teaching retarded children 6b; Methods of teaching retarded-elementary 3b; Methods of teaching retarded-secondary 3b; Art experiences for exceptional children 3b; Education of brain-injured children 3b; Mental deficiency 3b; Workshop on education of gifted children 2b; Education and psychology of exceptional children 3b; Seminar in special education 3g; Mental hygiene 2b; Abnormal psychology 3b; Directed teaching in special education 4b; Observation in special education 1b.

SAN JOSE STATE COLLEGE, San Jose: Workshop for teachers of the mentally retarded (jr.-sr.) 4-6b; Curriculum and methods of teaching mentally retarded (elem.) 3b; Student teaching with mentally retarded 4b; Remedial speech with clinic practice 4b; Student teaching in speech correction 4b.

SAN FRANCISCO STATE COLLEGE, San Francisco: Observation, clinical methods, and clinical practice with exceptional children 1-6b; Student teaching with exceptional children 1-6b; Student teaching seminars in special education 2b; Education of exceptional children 3b; Arts and crafts in special education 2b; Counseling and guidance of the handicapped 3g; Introduction to field study in education of exceptional children 3g; Field study in education of exceptional children 3g; Advanced problems in special education 1-6g; Special problems in the education of exceptional children 2-3g; Introduction to mental retardation 3b; Workshop in special education (mentally retarded) 3-6b; Workshop on training and recreation programs for severely retarded children 2b; Advanced problems in mental retardation 3g; Structure and function of the eye 2b; Survey of problems in education of the visually handicapped 2b; Methods in education of the partially seeing 3b; Methods and materials in education of the blind 3b; Advanced braille 3g; Advanced problems in the education of the visually handicapped 3; Methods of teaching deaf children 6b; Advanced problems in teaching deaf children 4b; Education of the hard of hearing child including lipreading 3b; Audiometry and hearing disorders 3b; Speech for the cerebral palsied 3b; Speech development and correction; Advanced clinical methods and practice with exceptional children 1-6g; Advanced speech correction 3g; Methods of teaching the orthopedically handicapped including the cerebral palsied 3b; Survey of physical defects 3b; Cerebral palsy and its implications 3g; Education of exceptional children 3b; Speech development and correction 3b.

UNIVERSITY OF CALIFORNIA, Los Angeles: Education of exceptional children 3; Curriculum for mentally retarded children 3; Counseling and guidance of exceptional children 2g.

UNIVERSITY OF SOUTHERN CALIFORNIA, Los Angeles: Methods of teaching the mentally retarded child 3b; Education of exceptional children 3b; Methods and directed teaching: the hard of hearing child 2b; Methods and directed teaching: the hard of hearing adult 2b; Education of the preschool deaf child 6g; Curriculum and research in teaching speech to the deaf child 4g; Directed teaching of the mentally retarded 4b; Clinical techniques in speech and hearing 3b; Seminar in speech therapy 2g; Seminar in psychological problems of speech and hearing 2g; Seminar in organic speech disorders 2g; Speech therapy for aphasics 2g; Introduction to speech therapy 3b.

COLORADO

COLORADO STATE COLLEGE OF EDUCATION, Greeley: Psychology of exceptional children 4qb; Psychology and education of the mentally retarded child 4qb; Care and pathology of the physically handicapped 4qb; Practicum with the mentally retarded 6qg; Supervised practice with physically handicapped 6qg.

CONNECTICUT

NEW HAVEN STATE TEACHERS COLLEGE, New Haven: Psychology of exceptional children 3b; Diagnosis and improvement of reading and speech difficulties for the mentally handicapped 3b; *(with Southbury Training School, Southbury, Conn.)* Curriculum and methods for the trainable mentally retarded 3b; Psychology and sociology of the trainable mental defective 3b; Practicum in teaching the trainable mental defective 3-6b; Problems in the education of the mentally retarded 3-6g.

UNIVERSITY OF CONNECTICUT, Storrs: Materials and methods of teaching the mentally retarded (IQ 50-75 range) 3g; Materials and methods of teaching intellectually gifted children 3g; Psychology of the exceptional child 3b; Introduction to speech pathology 3b; Aural rehabilitation 3g; Stuttering—theory and research 3g.

DISTRICT OF COLUMBIA

CATHOLIC UNIVERSITY, Washington, D.C.: Speech correction workshop 2b.

GALLAUDET COLLEGE, Washington, D.C.: Techniques and interpretation of hearing testing 3b; Special methods of teaching the deaf (reading and math). 2b; Auditory and vocal mechanisms 3b; Teaching speech to the deaf 4b; Teaching language to the deaf 4b.

FLORIDA

FLORIDA STATE UNIVERSITY, Tallahassee: Organic disorders in speech 3g; Introduction to speech pathology 3b; Hearing pathology and audiometry 3b; Psychology of exceptional children 3; Psychology of mentally handicapped children 3b; Education of children with retarded mental development (theory) 3g; Education of children with retarded mental development (practice) 3g; Education of crippled children (theory) 3g; Education of crippled children (practice) 3g; Physical education for the atypical individual 3b.

UNIVERSITY OF MIAMI, Coral Gables: Workshop in teaching the mentally retarded 6b.

ILLINOIS

ILLINOIS STATE NORMAL UNIVERSITY, Normal: Speech re-education 3; Speech correction 3; Clinical procedures in speech correction 3; Advanced phonetics 3b; Speech pathology 3b; Oral rehabilitation 3b; Clinical practices in speech re-education 1-6g; Problems with the brain-injured 2b; Curriculum and methods for the mentally retarded 3b; Administration of speech education 2g; Diagnosis and counseling 3g; Psychology of the mental deviate 3b; Laboratory reading method 3; Psychology of the exceptional child 2; Education of the mentally retarded 2; Education of the partially sighted 2; Education of the physically handicapped 2; Braille 2; Education of the blind 2; Analysis and correction of reading disabilities 3b; Education of gifted children 2b; Child welfare services 3b; Art for the handicapped 3; Student teaching in the fields of mentally retarded, physically handicapped, deaf, hard of hearing, partially sighted, blind, and in speech clinic 2-4.

MACMURRAY COLLEGE, Jacksonville: Organization and curriculum for the educable mentally handicapped 3b; Student teaching EMH 2b; Symposium in exceptional children 2b.

NORTHWESTERN UNIVERSITY SCHOOL OF EDUCATION,Evanston: Workshop in curriculum and instruction of the gifted child 6qb.

SOUTHERN ILLINOIS UNIVERSITY, Carbondale: Organization, administration, and supervision of special education 4qb; Problems and characteristics of the mentally retarded 4qb; The exceptional child 4qb; Practicum in methods and materials for teaching mentally retarded children (includes practice teaching) 4qb; Speech correction for the classroom teacher 4qb; Speech correction for the cerebral palsied 4qb; Communication problems of deaf and hard of hearing 4qb; Seminar in speech correction 3qg; Seminar in hearing 3qg.

UNIVERSITY OF ILLINOIS, Urbana: The gifted child in school and society 3b; Workshop and laboratory in the education of exceptional children—educable mentally handicapped children 4-8b; Workshop and laboratory in the education of exceptional children— trainable mentally handicapped children 4b; Psychology and education of the mentally handicapped 3b; Psychology and education of the mentally handicapped with emphasis on curriculum 3b; Mental and educational measurement of exceptional children 3b; Problems in mental deficiency lg; Psycho-educational problems of exception children lg.

INDIANA

INDIANA STATE TEACHERS COLLEGE, Terre Haute: Speech therapy 4qb; Speech clinic 4qb; Education of the mentally retarded 4qb; Psychology of exceptional children 4qb; Speech correction for the classroom teacher 4qb.

IOWA

IOWA STATE TEACHERS COLLEGE, Cedar Falls: Exceptional child 2b; The gifted child 2b; Remedial reading 3b; Group evaluation techniques 3b; Personality growth of children 2b; Mental hygiene 2b; Clinical experience 1-4b.

STATE UNIVERSITY OF IOWA, COLLEGE OF EDUCATION, Iowa City: Education of the slow learner 2g; Laboratory practice in education of the physically handicapped child 2-3; Education of handicapped children 2-3 g; Supervision of special education 3g; Education of gifted children 2g; Methods in the education of the physically handicapped child 3g; Orientation to the rehabilitation of the physically handicapped child 3g; Laboratory practice in the education of slow learners g; *(Special courses offered at Woodward State Hospital and School)* Teaching of mentally retarded children 2-3g; Laboratory practice in teaching of mentally retarded children 2-3g; Clinical tests for remedial teachers 2g.

KANSAS

KANSAS STATE TEACHERS COLLEGE, Emporia: Reading and allied skills for slow learners 2b; Survey of exceptional children 2b; Methods, materials, and the organization of the teaching of the mentally retarded I 2b; Methods, materials, and the organization of the mentally retarded II 2b; Supervised practice with the mentally retarded I 3b; Supervised practice with the mentally retarded II 3b; Survey of exception children II (The Subnormal) 2b.

UNIVERSITY OF KANSAS, Lawrence: Workshop on education of the gifted 2b; Workshop in curriculum and methods for the trainable retarded 2b; Psychology of exceptional children 3g; Curriculum building for exceptional children 3g; Art for exceptional children 2g; Special fields of study (exceptional children 1-6g; Special education projects 1-6g; Introduction to speech pathology 3b; Speech problems of the classroom teacher 3b; Seminar in speech pathology 3g; Problems of hearing 2g; Speech reading 2g; Clinical practice in speech reading lg; Clinical practice in speech correction 1-3b; Advanced clinical practice in speech correction 2-6g; Auditory training 2g; Clinical practice in auditory training lg; Audiology 2g; Clinical practice in audiology 2g; Organic speech disorders II 3g; Independent study in problems of speech and hearing 2-6g.

UNIVERSITY OF WICHITA, Wichita: development of language 3; Articulatory disorders 3b; Introduction to techniques 1-3b; Application of fundamental techniques 1-3b; Technique in organic conditions 1-3b; Speech defective child in the public school 2b; Introduction to audiology 3b; Organic anomalies 3b.

KENTUCKY

UNIVERSITY OF KENTUCKY, Lexington: Education of handicapped children 3b; Student teaching in special education 3b.

MARYLAND

UNIVERSITY OF MARYLAND, College Park: Methods of teaching retarded children 3b; Introduction to special education 2b.

MICHIGAN

EASTERN MICHIGAN COLLEGE, Ypsilanti: Problem child in school 2; Therapeutic care of the crippled child 2; Speech correction 2; Mental deficiency 2; Education of the brain injured child 2; Diagnostic techniques related to hearing difficulties 2; Education of exceptional children 2; Hearing problems in the regular classroom 2; Orthopedics for teachers of crippled children 2; Measurement and diagnosis in special education 2; Parent education 2; Administration and supervision of special education 2; The schools and rehabilitation 2; Speech correction 2; Education of the mentally handicapped I 2; Education of the mentally handicapped II 2; Field study problems 2.

MICHIGAN STATE UNIVERSITY, East Lansing: Psychology of exceptional children 3qb; Education of exceptional children 3qb; Educational provisions for the blind 3qb; Braille and braille methods 3qb; Directed teaching: blind and sight saving 8q; Conservation of hearing 3qb; Lip reading 3qb; Speech correction for classroom teachers 3qb; Audiometry 3qb; Special problems in speech correction 3qb; Speech pathology 3qb; Clinical practice in speech correction 3qb; Applied phonetics 3qb; Stuttering: Theories and therapies 3qb; Advanced speech pathology 3qb.

WAYNE STATE UNIVERSITY, Detroit: Directed observation in speech correction and audiology 1; Survey of education of exceptional children 2b; Problems and procedures-Teaching mentally retarded children 2b; Organization of special schools and classes for slow learning children 2b; Practicum in developing curriculum materials in special education classes 2b; Adjustment and control of the mentally handicapped 2b; Care and training of seriously retarded children 2b; Problems and methods of teaching intellectually gifted children 2b; Problems of instruction with socially maladjusted children 2b; Speech correction 2b; Phonetics 2b; Clinical practice in speech correction 2b; Speech science 2b; Basic audiology 2b; Convalescent home care and education of crippled children 2b; Therapeutic care of crippled children 2b; Personality disorders and education of brain injured children 2b; Problems and procedures in sight-saving 4b; Pathology of the organs of vision 2b; Visiting teacher service 2g; Diagnostic clinical practice in speech pathology and audiology 2g; Research in special education 1-3g; Seminar in problems of organization, administration, and supervision of special schools and classes 2g; Seminar in speech pathology and audiology 2g; Vocational rehabilitation of the handicapped 2g; Practicum in vocational rehabilitation 2g; Rehabilitation counseling of the handicapped 2g; Research in vocational rehabilitation 1-3g; Seminar in vocational rehabilitation 2g; Master's thesis research and direction 1-8g; Doctoral dissertation research and direction 1-8g.

MINNESOTA

UNIVERSITY OF MINNESOTA, Minneapolis: Education of exceptional children 3qb; Education of slow-learning children 3qb; Reading difficulties 3qb; Clinical practice in remedial teaching 3qb; Clinical practice in educational diagnosis 3qb; Clinical diagnosis of reading difficulties 3qb; Introduction to school psychological services 3qg; Seminar and laboratory in school psychological services 3qg; Education of the auditorially handicapped child 3qb; Educational and social implications of visual impairment 3qb; Principles and methods of teaching braille 3qb; Workshop: Educational procedures and school curriculum adaptations with blind children 3qb; Introduction to speech correction 3qb; Hearing disorders 3qb; Clinical practice in audiology 3qb; Organic speech disorders—aphasia 3qb; Anatomy and psysiology of the voice mechanism 3qb; Audiometry and hearing aids 3qb; Clinical methods and practice in speech pathology 3qb; Organic speech disorders—cerebral palsy 3qb; Speech in the elementary school 3qb; Language training for the deaf 3qb; Auditory training 3qb; Behavior problems 3qb; Psychology of atypical children 3qb; Delinquent behavior 3qb.

MISSOURI

CENTRAL INSTITUTE FOR THE DEAF, St. Louis: Assessment and teaching of aphasic children.

SOUTHWEST MISSOURI STATE COLLEGE, Springfield: Psychology of exceptional children 2.5b.

WASHINGTON UNIVERSITY, St. Louis: Psychology of the atypical child 3g.

UNIVERSITY OF MISSOURI, Columbia: Psychology of exceptional children b; Problems in teaching orthopedically handicapped b; Problems in teaching mentally retarded b; Problems in special education, elementary level g; Problems in special education, secondary level g; Assistant in the elementary school, special education: Assistant in the secondary school, special education; Problems in teaching the mentally superior b; Speech correction b.

MONTANA

EASTERN MONTANA COLLEGE OF EDUCATION, Billings: Speech correction for the classroom teacher 3qb; Hearing and deafness 3qb; Clinical practicum in speech and hearing clinic 4-6 qb; Public school audiometry 3qb; Stuttering 3qb; Teaching of correction reading 3qb; Corrective reading clinic 3qb; Laboratory practice in special education 4-6 qb; Education of mentally handicapped 3qb; Education of physically handicapped children 3qb; Introduction to special education 3qb; Education of bright and gifted children 3qb; Behavior disorders of children 3qb.

NORTH DAKOTA

STATE TEACHERS COLLEGE, Minot: Methods of teaching the slow learner 4q.

NEW YORK

COLUMBIA UNIVERSITY, TEACHERS COLLEGE, New York: Introduction to special education 1-4g; Work Conference on audiometry in education and industry 3g; Case work and guidance of the handicapped 2-3g; Techniques of rehabilitation 2-3g; Education of the gifted 2-3g; Teaching the slow learners 2-3g; Administration and supervision of special education 3g; Advanced study of problems and issues in special education 3g; Programs, methods, and materials for teaching the mentally retarded 2-3g; Occupational education for the mentally retarded 2-3g; Observation and participation in an educational program for the mentally retarded aged 7-12 2-3g; Psychology of mentally retarded children 2-3g; Tests and remedial work for the mentally retarded 2-3g; Psychology of the physically handicapped 2-3g; Education and care of the physically handicapped 2-3g; Health problems of the physically handicapped children 2-3g; Nature, needs, and training of children with neurological impairment 3g; Programs, methods, and materials in teaching children with neurological impairment 3g; Nature and needs of children who are emotionally disturbed 3g; Education of the emotionally disturbed 3g; Auditory training for the hard of hearing 3g; Measurement of hearing 3g; Methods of teaching lip reading to the hard of hearing 2g; Auditory and vocal mechanisms 2-3g.

HUNTER COLLEGE, New York: Teaching speech to the deaf and hard of hearing 2g; Teaching language and reading to the deaf and hard of hearing 2g; Teaching lipreading to the deaf and hard of hearing 2g; Principles and methods of teaching the blind I 2g; Principles and methods of teaching the blind II 2g; Theory and technique of teaching standard English, Braille, Grade 2, Part 1 2g; Theory and technique of teaching standard English Braille Grade 2, Part 2 2g; General methods of teaching mentally retarded children 2g; Psychology and education for the mentally retarded 2g; Occupational education for the mentally retarded 2g; Education of the gifted 3g; Education of the cerebral palsied 2g; Education of the orthopedically handicapped 2g; Problems and practices in the education of the physically handicapped 2g; Mental, social, and vocational adjustment and guidance of the handicapped 3g; Psychology of the physically handicapped 3g; Workshop for elementary school teachers—emotionally disturbed children 2g; Advanced student teaching internship for special education teachers 2g.

SYRACUSE UNIVERSITY, Syracuse: Practice teaching primary gifted children 2-3b; Practice teaching with intermediate gifted children 2-3b; Mental, social, and vocational guidance and adjustment of physically and mentally handicapped 3b; Education of crippled children (theory) 3b; Education of crippled children (practice) 3b; Workshop on cerebral palsy and related problems of brain injury 3b; Education of cerebral palsied children 3b; Orthopedics for

teachers of crippled children 3b; Advanced corrective physical education 2b; Practicum in advanced corrective physical education 2-6b; Recreational activities for the physically handicapped 2b; Occupational education for children with retarded mental development 3b; Education of primary children with retarded mental development (theory) 3b; Education of primary children with retarded mental development (practice) 3-4b; Education of intermediate children with retarded mental development (theory) 3b; Education of intermediate children with retarded mental development (practice) 3-4b; Teaching reading to slow learning children 3b; Manual skills and analysis of job areas 3b; Education of children with retarded mental development in the secondary school 3b; Nature and needs of retarded children 3b; Training of children with severely retarded mental development 3b; Education of partially seeing children (theory) 3b; Education of partially seeing children (practice) 3b; Education implications of visual impairments 2b; Development and education of the young blind child 3b; Principles and methods of teaching braille 1-3b; Instructional procedure in the education of blind children 3b; Education of brain injured children 3-6b; Education of epileptic children 3b; Workshop in the education of gifted children 3b; Introduction to speech and hearing disorders 3b; The teaching of visual communication to the deaf and hard of hearing 3b; Education and development of children with impaired hearing (theory) 3b; Education and development of children with impaired hearing (practice) 3b; Articulation and voice disorders 3b; Stuttering and allied disorders 3b; Clinical methods and practice in speech and hearing therapy 3-9b; Language and speech problems of cerebral palsy 3b; Education of gifted children 3b; Seminar on current problems in administration of special education 3g; Seminar in audiology 2-6g; Advanced clinical practice in speech and hearing therapy 3-9g.

UNIVERSITY OF BUFFALO, Buffalo: The education of gifted children and youth 2g; Speech problems in the classroom 2b; The handicapped child 2b.

OHIO

BOWLING GREEN STATE UNIVERSITY, Bowling Green: The education of the exceptional child 2b; Workshop—Education of the slow learning child 3b.

WESTERN RESERVE UNIVERSITY, Cleveland: Introduction to speech correction 3b; Clinical practice in speech correction 3b; Practice in teaching preschool children with hearing and speech impairments 3b; Symposium—The Guidance of parents of children with hearing impairments 3g; Speech correction for the classroom teacher 3g; Seminar in speech pathology 3g.

OKLAHOMA

UNIVERSITY OF TULSA, Tulsa: Theory and methods of teaching handicapped children 2g.

PENNSYLVANIA

MOUNT MERCY COLLEGE, Pittsburgh: Student teaching in special education 2; Corrective physical education 1; Curriculum in special education 3.

PENNSYLVANIA STATE UNIVERSITY, University Park: Education of the mentally retarded 2-3b; Education of the mentally gifted child 2b; Atypical and educational adjustments (brain-injured) 2b; Atypical children and educational adjustments (trainable) 1b; Atypical children and educational adjustments (institution classes) 2g; Administration of the education of atypical children 1g.

TEMPLE UNIVERSITY, Philadelphia: *(in cooperation with the Training School at Vineland, New Jersey)* Workshop for teachers of retarded children 8b.

UNIVERSITY OF PENNSYLVANIA, Philadelphia: Introduction to clinical psychology 2; Tests and measurements 2; Introduction to speech correction 2-4; Diagnostic and remedial teaching 2; Introduction to clinical psychology 2g; Tests and measurements 2g; Speech correction clinic 2g; Introduction to speech correction 2-4g.

UNIVERSITY OF PITTSBURGH, Pittsburgh: Field work in speech correction and audiology g; Clinical practice in audiology g; Clinical practice in speech correction g; Psychology of exceptional children 2b; Speech problems 3b; Special methods in speech correction 3g; Clinical practice in speech correction g; Hearing problems 3b; Seminar in audiology 2g; Clinical practice in audiology g; Methods of teaching special classes 2b; Student teaching for orthogenic classes 2b; Handwork for special classes 2b; Orthopedics 2b; Student teaching for orthopedic classes 2b; Educational implications for the visually handicapped 3b; Educational programs for the mentally advanced child 3b; Workshop in training uneducable mentally retarded children 2b.

SOUTH DAKOTA

UNIVERSITY OF SOUTH DAKOTA, Vermillion: Methods and materials in special education 3b; Problems in special education 3b; Student teaching in special education 3b; Psychology of exceptional children 3b; Beginning and advanced speech correction 3b; Field work in speech correction 3b.

TENNESSEE

GEORGE PEABODY COLLEGE FOR TEACHERS, Nashville: Introduction to exceptional children 4qb; Introduction to physically handicapped children 2qb; Introduction to psychologically exceptional children 2qb; Introduction to speech problems of children and youth 4qb; Administration and supervision of educational programs for exceptional children 4qb; Introduction to mental retardation 4qb; Methods, materials, and practicum in teaching educable mentally retarded children 6qb; Methods, materials, and practicum in teaching trainable mentally retarded children

6qb; Methods, materials, and practicum in teaching cerebral palsied children 6qb; Education of young hearing handicapped children 2qb; supervised teaching of the hearing handicapped 2qb; Anatomy and physiology of the hearing mechanism 3b; Seminar in audiology 3g; Advanced clinical study and practice in audiology 2g; Student teaching in speech correction 1-4qb; Organic disorders of speech 4qb; Aphasia 3qb; Anatomy, physiology, and hygiene of the eye I, 2b; Educational procedures for blind children I 4qb; Braille reading, writing, and teaching procedures I and II 2qb; Remedial reading 4qb; Practicum in remedial reading 4qb; Readings and research in special education 2-4qg; Field work in special education 2-4qg; Workshop for attendants of retarded children 2qb; Advanced workshop for teachers of trainable retarded children 4qb; Workshop in education of superior children.

UNIVERSITY OF TENNESSEE, Knoxville: Education for hospitalized and homebound children 3qb; Problems of the cerebral palsied 3q; Education of the mentally retarded child 3q; Student teaching in educable mentally retarded 3qb; Education of the partially sighted child 3qb; Eye problems encountered by the teacher 3qb; Voice and articulation disorders 3q; Organic disorders of speech 3q; Introduction to speech correction 3q; Rehabilitation of the hard of hearing 3qb; Teaching lip reading to the hard of hearing child 3qb; Stuttering 3qb; Organic disorders of speech 3qb; Audiometric testing 3qb; Problems in teaching 3qb; Experience in teaching and supervision of exceptional children 3 qg; Problems in the education of exceptional child 3qg; Psychology of the exceptional child 3 qg; Nature and concept of mental retardation 3 qb; Education of the brain-injured child 3qb; Juvenile delinquency and the school 3qg; Problems in speech correction 3q; Stuttering 3 qb; Introduction to speech correction 3qb.

TEXAS

SOUTHWEST TEXAS STATE TEACHERS COLLEGE, San Marcos: Audiology and problems in hearing 3b; Teaching language to persons with hearing deficits 3b; Clinical practice with children with hearing loss (deaf and hard of hearing) 3b; Clinical practice with speech defective children 3b; Methods of teaching exceptional children 3b; Psychological problems of mental retardations 3b; Practice teaching with retarded children 3b; Survey course in special education 3b; Mental hygiene for teachers of exceptional children 3b; Psychological testing of exceptional children 3b.

UNIVERSITY OF TEXAS, COLLEGE OF EDUCATION, Austin: Education of exceptional children 3b; Speech problems of exceptional children 3b; Psychology of subnormal children 3b; Methods and materials for teaching mentally retarded children 3b; Care of crippled children in school 3b; Cerebral palsy workshop 4g; Tests and measurements for teachers of exceptional children 3b; Special education techniques 3g; Teaching reading to slow learning children 3b.

UTAH

UNIVERSITY OF UTAH, Salt Lake City: Introduction to special education 3qb; Workshop in teaching trainable children and youth 6qb; Supervision and administration of special education programs 3qg; Classroom problems in speech and hearing disorders 2gb; Clinicial methods of speech correction 3qb; Clinical practice in speech correction 6qb; Organic speech disorders 4qb; Speech pathology seminar—problems of brain damaged children 2qg.

VIRGINIA

UNIVERSITY OF VIRGINIA, Charlottesville: Problems of special education 3b; Teaching the mentally handicapped 3b; Diagnosis and instruction in the reading clinic 3b; Principles of speech pathology 3b; Advanced clinical methods and practice in speech and theory 3b; Introductions to the gifted.

WASHINGTON

UNIVERSITY OF WASHINGTON, Seattle: *(Rainier State School, Buckley)* Training of the mentally retarded 5qb; Psychology of the mentally retarded 5qb.

WISCONSIN

UNIVERSITY OF WISCONSIN, Milwaukee: Psychology and education of exceptional children 3b; Workshop in emotional and psychological aspects of the cerebral palsied 2b; Workshop in education of deaf *(at Delavan, Wis.)* 6b; Workshop in education of mentally retarded *(at Southern Colony, Union Grove, Wis.)* 6b.

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The adjustment of

GIFTED CHILDREN IN THE REGULAR CLASSROOM

JAMES J. GALLAGHER
THORA CROWDER

• ***This is Part I of a two-part article to be concluded in the May issue.***

THE increasing demand for persons with high intelligence to fill top level technical and planning positions, both for national security and advancement of our high level technology, has focused attention on our educational programs for intellectually superior children. Summaries of previous work and present practices (2, 3, 4, 5, 6) have suggested that these highly intelligent children, as a group, achieve very well academically under a variety of special conditions and curriculum modifications. The effect of special services and provisions upon social adjustment and personality development of these children is not as thoroughly established.

Havighurst, Stivers, and DeHaan (1) have suggested that the success of various types of special provisions for gifted children depends upon size and socio-economic level of the community. There also appeared to be a significant minority of these children, as reported in the above noted summaries of research, who did not respond to educational adjustments and provisions and whose potential was lost to adult society.

To plan effectively for these intellectually superior children it is first necessary to know in what way the present educational system falls short of stimulating the ideal development of each child. If consistent patterns of poor adjustment are revealed in certain areas of development, then special programs can be instituted to deal with these areas of difficulty.

The purpose of the present study was to discover to what extent highly intelligent children are having difficulty in adjusting to a regular classroom situation academically, intellectually, socially, and emotionally.

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Method

SUBJECTS: The subjects in the present study were 20 boys and 15 girls attending grades two-to-five in a midwestern city of less than 100,000 population. All of these children had obtained a Stanford Binet IQ of 150 or above as a prerequisite to membership in this group. Since this community had a highly favorable social, economic, and educational level (the major industry of the community was a university) the criterion of Binet IQ was set unusually high in an attempt to obtain the entire available sample of children at this ability level.

TABLE 1 SEX AND IQ DISTRIBUTION IN SAMPLE

Binet IQ Range	Boys	Girls	Total	% Sample in Range
180 - 189	0	1	1	3
170 - 179	2	0	2	6
160 - 169	8	5	13	37
150 - 159	10	9	19	54
TOTAL	20	15	35	100

Table 1 indicates the sex and IQ distribution in the present sample. Almost one-half of the present sample obtained Binet IQ's of 160 or above and although there were slightly more boys than girls this difference was statistically insignificant. Since a Stanford Binet IQ of 150 and above presumably occurs in approximately one out of every 1000

children, this community would have been expected to produce only three or four of these highly intelligent children at this particular age and grade level. While 35 children were processed by the case study method over a two-year period, there was still information available to the authors to suggest that the present sample by no means exhausted the supply of highly intelligent children in this community. It cannot be said, therefore, that the present group represented a random selection of highly gifted children or the total available group that was originally sought.

One interesting note was that there was no history of divorce in the families of these 35 children.

PROCEDURE: These children were selected through two main sources, teacher referrals and group test results. The teachers were urged to look for other characteristics besides academic superiority, including the ability to see unique relationships, fluency of ideas, ability to think deeply, and so forth. Children who received a group test IQ result of 130 or above on the California Mental Maturity Scale were given individual Stanford Binet tests to establish whether they qualified for admittance to the project.

TABLE 2 FAMILY BACKGROUND OF GIFTED CHILDREN

Father's Occupation	N	% of Total Group	Educational Level Reached by Mother	N	% of Total Group
College Professor	17	49	Graduate Work	4	11
Professional	5	14	College Degree	14	40
Business	7	20	Some College	9	26
Skilled Workers	4	11	H. S. Diploma	5	14
Farm Manager	1	3	Some High School	1	3
Military	1	3	Unknown	2	6
TOTAL	35	100	TOTAL	35	100

Table 2 indicates the family background of the children in the present group. Approximately one-half of the children came from homes in which the father was a college professor or connected in some academic capacity with the university. This was not too surprising a finding in view of the composition of the community studied. It is interesting, however, that 11 percent of the total group came from homes in which the father was a skilled or semi-skilled worker and in which neither parent had obtained college training. Another 34 percent of the children were from homes in which the father was of professional background or a business man. These figures seem to correspond rather generally with the findings of other studies such as Terman's (5) concerning the employment level of the fathers of gifted children.

The level of education of the mother is suggestive also of a highly favored educational home background for these children. Over half of the mothers finished college and over three-fourths of them had attended college at one time or another. Seventeen percent of the present group, however, did not received any education beyond high school. Since there are many factors which prevent women from obtaining as high a level of education as men, the level of education of the mothers of the present group is quite impressive.

In addition, any other children who revealed unique or unusual talent to the school administrative staff were also given an individual screening examination.

If a child qualified with a Binet IQ of 150 or over, parents of the child were interviewed by the school personnel and asked if they would allow their children to participate in the program. All parents contacted agreed to allow their children to participate. Information gained through the study of each child was used to plan a series of curriculum adjustments within the framework of the regular classroom which, it was hoped, could aid the development of that child. An evaluation of the effect of the adjustment procedures on a long term basis are now underway.

Each child who qualified for the study was given an extensive battery of test measuring intelligence, achievement, and personality development. A measure of social acceptance was obtained by administering a sociometric technique to each class that included a gifted child. In addition the parents and teacher of each child were interviewed. The following measurements were administered to each child in the study:

A. Intellectual ability
   1. Stanford Binet Form L
   2. Wechsler Intelligence Scale for Children

B. Achievement tests
   1. Stanford Achievement Test
   2. Special Diagnostic Tests when indicated
C. Social Adjustment
   1. Teacher ratings
   2. Sociometric
   3. Parent and child interviews
D. Personality
   1. Rorschach test
   2. Teacher ratings

After the tests and interview material were collected on each child this material was presented in a staff meeting attended by those members of the school district most directly concerned with the educational program of that child. An attempt was made to evaluate the total picture of the child and identify what areas, if any, the child was not developing to the limit of his or her potential. The curriculum adjustments were then planned in cooperation with the classroom teacher based on this evaluation.

Results

INTELLIGENCE: The Wechsler Intelligence Scale for Children was administered to all of the subjects in order to obtain a comparison between the verbal and performance ability of these children and to later compare these results against the success of the curriculum adjustment programs.

TABLE 3 WISC PERFORMANCE OF GIFTED GROUP

IQ Levels	Verbal IQ	Performance IQ	Full Scale IQ
150 -	5	2	6
140 - 149	17	10	17
130 - 139	6	14	7
120 - 129	6	8	3
110 - 119	1	0	2
100 - 109	0	1	0
Median IQ	143	138	144

The numerical IQ results on the WISC were considerably lower than the Binet performances and are a reflection of the way in which the two measuring instruments were constructed. It is not possible to obtain an IQ of higher than 155 on the WISC whereas a child may obtain an IQ of over 200 on the Binet. It is clear that many of the children were performing at the very top of the WISC scale and their total capacities were not being measured by this test.

Although there was a tendency for the children to score higher on the verbal subtests (24 out of 35 had a verbal IQ greater than performance IQ) the median performance IQ of 138 should be proof that their superior intellectual talents range beyond mere verbal competence. The relatively superior results on the verbal subtests also must be evaluated in terms of the difficulty of obtaining a high performance IQ unless the testee performs the tasks with much speed as well as accuracy.

The academic achievement of the group is indicated by Table 4. The children in second and early third grade were administered the elementary form of the Stanford Achievement Test while the older children were given the intermediate and advanced batteries. The pattern of high achievement was the same with the younger and older groups but the older group showed a much more accelerated achievement in reading and allied subjects.

The median reading scores for the older group were more than four grades above their present placement and only one or two cases scored as low as their grade level. Other subjects which depended upon reading skills, such as social studies and science, yielded similar superior performance. Thus the fourth and fifth grade teachers were faced with the problem of providing stimulation for these students who were competent to do high school level work.

Only when arithmetic performance was considered did the groups performance approach their grade placement. The median arithmetic computation score was only +.7 grade units above grade placement. This result underscored the impression that the mastery of certain specific skills such as algebra and fractions was necessary for superior performance on standard achievement tests. No matter how intelligent the child, he or she was not able to advance much beyond his knowledge of specific arithmetic skills. This group revealed the ability to understand and deal with arithmetic reasoning problems effectively when reading and reasoning skills were more important than computational skills. Thirty-three of 34 children obtained a higher arithmetic reasoning than arithmetic computational score.

The performance of the 12 children to whom the elementary battery was administered showed a less remarkable deviation between achievement and grade placement, perhaps indicating that educational planning for these younger children in the regular classroom might not be as serious a problem as that presented above by the nine- and 10-

TABLE 4 STANFORD ACHIEVEMENT SCORES RELATED TO GRADE LEVEL

ADVANCED AND INTERMEDIATE BATTERY (N=23)

Achievement Score over Grade Level (by Grade Units)	Paraga. Mean.*	Word Mean.*	Arith. Reas.*	Arith. Comp.*	Spelling*	Soc. Stud.	Science	Lang. Usage*
+5.1 and over	5	9	1	0	3	3	4	6
+3.1 to +5.0	10	5	8	1	7	11	12	10
+1.1 to +3.0	6	6	11	10	9	5	5	5
+1.0 to —1.0	1	2	2	11	3	4	2	1
MEDIAN GAIN	+4.2	+4.5	+2.4	+.7	+2.9	+3.6	+4.2	+3.5

*Scores on one case were unavailable for plus comparison.

year olds. It is possible that this difference between younger and older children was due to differences in the maximum obtained scores on the two test batteries. The median gain over grade level was between one and two grade units for each subtest as shown in Table 4.

SOCIAL ADJUSTMENT: A sociometric was given in each class where one or more of the children in the present study had been identified. Each child was asked to list the five people in the class who are his or her best friends. Care was taken that the choice be made on a friendship basis rather than a working companion basis so that the popularity could be evaluated apart from the advantage of being potential academic helpers.

The children in each class were then ranked according to the number of choices received and the class was divided on this basis into fourths or quartiles. Table 5 indicates the distribution of ranks achieved by the gifted subjects. There was strong indication that the gifted group of children were quite socially popular. Over half of the children in the group ranked in the top fourth of their class in social popularity. Over 80 percent of the group was above the median of their class in the number of choices received and only two cases fell at the bottom 25 percent of their class on this characteristic.

Although these results obviously were more favorable than chance, it seemed desirable to compare the gifted group against a random sample of their classmates. As Table 5 shows, this random sample group obtained the level of social popularity that would be expected by chance. That is, 24 percent of them fell in the upper-fourth of their class, 54 percent fell in the upper half, and so forth. A *chi square* test indicated a difference from chance at the one percent level of significance for the gifted group and supported the finding of superior social popularity of our group.

ELEMENTARY BATTERY (N=12)

Achievement Score over Grade Level (by Grade Units)	Paragr. Mean.	Word Mean.	Arith. Reas.	Arith Comp.	Spelling	Lang. Usage
+4.0 and up	3	1	0	0	0	2
+3.0 to +3.9	1	1	0	0	1	1
+2.0 to +2.9	2	4	2	0	2	1
+1.0 to +1.9	3	2	7	7	4	4
+1.0 to —1.0	3	4	3	5	4	3
MEDIAN GAIN**	+1.9	+1.8	+1.4	+1.0	+1.4	+1.6

** Medians were calculated from ungrouped data.

PERSONALITY: The Rorschach Ink Blot Test was administered individually in an effort to determine the status of emotional health of each child. Since it is the total picture that is presented on this test rather than individual scores that is important, evaluation of the results were made on the basis of over-all ratings of experienced judges. Two judges who had experience administering and interpreting Rorschach tests of children were given the protocols and asked to make judgments as to the emotional health of the subjects. One judge had previous knowledge of some of the cases while the other knew no more than the age and intellectual status of the child.

TABLE 5 QUARTILE DISTRIBUTION OF SOCIAL POPULARITY OF GIFTED AND RANDOM SAMPLE GROUPS

Social Popularity	Gifted* N = 30		Random Sample N = 33	
	N	% of Total**	N	% of Total
Top Quartile	16	53	8	24
Second Quartile	8	27	10	30
Third Quartile	4	13	8	24
Bottom Quartile	2	7	7	22
TOTAL	30	100	33	190

*Various problems connected with the administration or scoring of the sociometric caused the authors to eliminate five cases from this comparison.

**Chi Square = 15.33. Significant at .01 level of confidence.

TABLE 6 PERSONALITY CHARACTERISTICS REVEALED BY RORSCHACH TEST

Personality Characteristics		Judges Composite Ratings				Rho Judges
General Emotional Disturbance		Record filled with signs of disturbance	Marked disturbance with healthy signs	Predominantly healthy Some disturbance	Outstandingly healthy record	
	N	1	4	21	9	.68
Anxiety		Marked anxious and fearful record	Sizable amount of anxiety present	Some anxiety—Generally healthy record	Little or no anxiety present	
	N	3	3	14	15	.80
Hostility		Marked hostile and aggressive record	Sizable indication of hostility—some non-hostile material	Some hostility Generally non-hostile record	Practically no hostility visible	
	N	2	3	8	22	.76
Ego Control		Excellent reality orientation	Good control Recovers well from poor response	Fair control Definite lapses into poor responses	Very poor reality contact	
	N	7	17	10	1	.59
Creativity		High proportion creative responses	Good number of creativity responses. Some routine	Mostly routine Some creative	No originality or creativity evident	
	N	2	5	11	17	.63

Table 6 shows the composite judges ratings of the gifted group and the rank order correlation between judges obtained by randomly selecting and rating 15 cases. The correlations between judges were quite high for the characteristics of maladjustment, anxiety, and hostility. Although less high for ego control and creativity, the judges agreed sufficiently well to justify combining their ratings.

Few of the cases revealed serious negative components in their personality. Only five cases were ranked as having marked disturbance, while 30 of the cases were rated as producing a predominantly healthy record. The same general results held for the characteristics of anxiety and hostility. In fact, there were practically no evidences of any hostility in 22 of the records. These favorable results were supported by ratings of teachers' and over-all committee ratings of types of problems presented by these children. As always, there were notable exceptions to this favorable picture, and it would be unfair to brush aside as unimportant the five or six children who did show sizable problems in the emotional area. With one exception, these emotional problems did not seem related to the characteristic of high intelligence but were due rather to interrelationships within the family unit.

The judges were also asked to rate each child on the positive characteristics of ego control and creativity. On ego control the group again showed relatively good reality orientation, only one child revealing very poor reality contact.

In contrast to the other findings the judges were not positively impressed with the creative aspects of the records. They rated only seven cases as showing good creativity while 11 cases yielded some creative responses within the framework of a rou-

tine, uninspired protocol. Most unusual was the composite judgment that 17 of the cases revealed no originality or creativity in their records. Summing up these Rorschach results we can say that the group shows little emotional disturbance, good ego control, and unexpectedly poor creativity.

TEACHER RATINGS: Each child was rated by his or her classroom teacher as part of the original diagnosis of a case preliminary to the planning conferences. These ratings were made on nine aspects of behavior and personality that the writers assumed were observable within the classroom situation.

TABLE 7 TEACHER RATINGS ON BEHAVIOR AND PERSONALITY CHARACTERISTICS

Characteristic		Ratings			
Academic Ability		Performs as well as ability allows	Does well but below capacity	Performance well below capacity	In trouble academically
	N	21	12	2	0
Contribution to Class		Makes contribution on practically all subjects	Frequently makes contribution	Sometimes makes contributions	Practically never makes contributions
	N	20	11	4	0
Creativity		Spontaneously develops new ideas, new applications	Creative on occasion or in certain areas only	Creativity not a strong point	Regarded as an unoriginal person
	N	9	15	11	0
Leadership		Generally accepted as leader of group activity	Can be leader Does not seek to lead group	Seldom reveals ability to direct others	Rarely attempts role of leader
	N	10	18	5	2
Persistence		Works at task until finished, no matter the difficulty	Usually persistent Sometimes needs encouragement	Often becomes discouraged and disinterested	Noted for not finishing work
	N	21	12	2	0
Enjoyment		Has great enthusiasm for school	Generally enjoys school	Shows little enthusiasm	Apathetic to school
	N	19	12	4	0
Social Ability		In social center of group	Well accepted by group, not most popular	Responds socially on occasion	Not a social participant
	N	8	19	7	1
Behavior Disorders		Rarely requires reprimand	Sometimes acts up Not a problem	Often disturbs class with antics	Constant discipline problem
	N	23	9	1	1
Fears		Rarely shows fearful attitude	Some fears Emotionally stable	Often timid or fearful	Withdrawn, fearful child
	N	25	9	1	0

The ratings were made on a four point scale and the general findings are reported in Table 7. The teachers generally rated the children quite favorably on practically all aspects of behavior except creativity and leadership. On those characteristics related to classroom performance only two cases were judged as doing poor academically, only four made infrequent contributions to the class, only two became discouraged and disinterested, and only four showed little enthusiasm for the school program. Since poor ratings might conceivably reflect on the teacher, there may have been a certain amount of unavoidable vested interest influencing these high ratings.

The ratings on creativity and leadership were less enthusiastic with only nine cases rated as spontaneously developing new ideas and 11 rated as not having creative work as a strong point. This finding corroborated the results obtained on the Rorschach test and raised the question of whether the schools could profitably spend more time on developing this characteristic.

On the characteristic of leadership, 10 of the children were rated as being the leader of their group and another 18 placed as a potential leader although they might have been personally disinclined to leadership. Seven or 20 percent of the group seldom or rarely attempted leadership roles.

The ratings on social ability were in rather close agreement with the sociometric depicting the group as generally quite socially adaptable, although there was a sizable minority who were not doing too well socially. In the area of active behavior difficulties and emotional problems the teachers saw little, if any, difficulties. Although this picture was in general agreement with other findings, it seemed clear that teachers were overlooking certain children who did have definite problems in this area. Both the Rorschach results and the total findings of the case studies identified from six to eight children in enough emotional difficulties to have been recognized by the teacher if she had known what to look for. Another discrepancy in the total results was the teacher ratings of high motivation and enthusiasm on the part of these children. The case study findings revealed considerable lack of motivation and enthusiasm in a large number of the group.

IDENTIFICATION OF PROBLEMS: After all information had been collected on each child a case conference was held which attempted to chart out the particular problems or difficulties revealed and planned a program to deal with these problems. Agreement as to what type of problems were present in each case was made at the general planning meeting. Undoubtedly, this composite judgment was influenced by the selectivity of the psychologist's report.

Five cases were randomly selected and rated independently by the psychologist assigned to the project and the senior author of this paper, in order to establish the extent of agreement on the class frictions of problem areas. Ninety percent agreement was obtained on the types of problems present in these cases.

Table 8 shows the classification and frequency of problems in this group. Some of the categories listed in Table 8 need further explanation. Minor

TABLE 8 INCIDENCE OF PROBLEMS RELATED TO GRADE LEVEL

Problem Type	Primary Grades N=16 (2, 3)		Elementary Grades N=19 (4.5)		Total* N=35	
	N	%	N	%	N	%
No Outstanding Problem	7	43	3	16	10	29
Minor Adjustment Problem	9	56	8	42	17	49
Educational Inefficiency	12	12	3	16	5	14
Motivation	7	43	7	37	14	40
Intellectual Inflexibility	1	6	9	47	10	29
Social	2	12	5	26	7	20
Emotional: pervasive	0	0	1	5	1	3
Emotional: restricted	3	19	4	21	7	20

*The total number of problems may exceed the number of cases since several cases were listed as having more than one problem.

adjustment problem refers to the kind of incidental difficulties experienced by children which seemed to sap some of their potential without being serious or chronic enough to justify being placed in one of the other categories. Examples of these problems would be minor sibling rivalries, antagonistic relationships with another child in school, persistent minor altercations with one of the parents, and so forth.

Educational disability refers to particular problems in reading, spelling, arithmetic, etc., when academic performance was compared to potential ability. Lack of academic motivation means that the child indicated no interest in doing more or

Exceptional Children *Bulletin*

SPECIAL SOURCES OF PROFESSIONAL HELP EXPANDED FOR PITTSBURGH CONVENTION

An ICEC convention is a place for exchanging ideas and obtaining new information about our field of professional interest. The Council has tried to implement these opportunities at its conventions by providing services supplementary to the regular program. This year in Pittsburgh those services will again be expanded.

CONSULTANT SERVICES

If you would like to sit down and personally discuss some of your problems relating to exceptional children, here is an opportunity. John McCormick and his committee will be glad to help you on such matters as

- Learning problems of exceptional children
- Teaching methods
- Programs for the hospitalized and the homebound
- Psychological evaluation
- Vocational placement
- Organization of a local special education program
- Related topics.

The committee will give direct consultation and also make referral to sources of additional information, such as to a prominent authority in a given area, to another organization or agency, to published literature on the subject, and the like.

CHAPTER WORKSHOP

Every chapter will want proper representation in the workshop which is under Douglas Bowman. That event gets off to a flying start with a 7:30 AM breakfast on Tuesday morning, April 23, in the Duquesne Room of the Penn-Sheraton. Then follows a morning and afternoon session dealing with chapter organization, programming, and membership promotion. This is the place to get a load of ideas for next year's chapter activities—and, likewise, a place to let folks know what you did this year. Adrian J. Durant, Jr., chairman of the membership promotion committee will also be on hand to give assistance.

LITERATURE AND MEMBERSHIP BOOTH

Not everyone with a chapter problem can attend the chapter workshop. Any person wishing to discuss matters relating to chapter organization, programming, or membership should contact Mabel Gisczazk and her assistants at ICEC booth 31. They will gladly advise with you. If you require detailed information not available to them, they will help you make an appointment with whoever can furnish it. For example, appointments with the chairman of chapter constitutions and bylaws, Ina E. Hubbard, can be made at this desk.

In addition, the committee will have ICEC publications and memberships available for sale. Stop and meet the people in charge.

EXHIBITS

Exhibits are an increasingly popular attraction at the ICEC annual convention. This year's list of commercial, educational, and ICEC committee exhibits will be the largest ever. In fact it was necessary to reject a number of applications for lack of space. In any event you will find at Pittsburgh a goodly assortment of interesting displays with which you can profitably spend some time. There will be

- Hearing aids and auditory equipment
- College special education program literature
- School furniture—classroom and therapeutic

Books—professional, text, reference, large-type, and work
Professional magazines
Test materials
Arts and crafts materials
Teaching aids and supplies
Bus equipment literature
Phonograph records
Schools for exceptional children
Equipment—audio-visual, blinds, play
Education association literature and programs
Public education agency literature
Private agency literature, materials, and programs
ICEC Headquarters, Division, and Committee services and displays
Consultant services on education of exceptional children
College and university summer session annoucements
Fall regional conference, 1957
Annual spring convention, 1958
Teacher recruitment
Professional literature and membership.

DERTHICK TO GREET ICEC IN PITTSBURGH

Lawrence G. Derthick, U.S. Commissioner of Education, will bring greetings to the ICEC Convention and address a meeting of state and city directors of special education later this month. His topic for the speech will be "Effective Use of Special Services in American Education."

STOTHERS EXCEPTIONAL CHILD FOUNDATION INCORPORATED

C. E. Stothers, for many years the chief inspector of the Ontario auxiliary classes and a former member of the ICEC governing board, is president of a new foundation that bears his name. In 1955, the V. K. Greer Memorial Award was granted to Dr. Stothers in recognition of his work for special classes. The $500 accompanying the award was turned over to the Special Education Section of the Ontario Education Association. Since then the fund has grown, a program has been outlined, and some achievements already registered.

Persons interested in either a membership or in making a more substantial financial contribution, address the Foundation at 46 Great Oak Drive, Toronto 18, Ontario.

PITTSBURGH AND CONVENTION FACILITIES READY FOR ICEC's 35TH ANNUAL CONVENTION

The plans are complete, the convention program on the presses, and all the packing and travel itineraries should be shaping up for a record number of convention-goers at the April 23-27 meetings.

The welcome mat is out as President Elizabeth Kelly, Program Chairman Maurice H. Fouracre, and Local Arrangements Chairman Jack Birch, and co-chairman Floy L. Penn await the first arrivals. Reservations for the special events should be made at the hospitality and reservations booths upon arrival at the headquarters hotel. Register immediately for the special breakfasts, luncheons, reception and tea, the president's dinner, the Saturday luncheon—as well as the numerous tours and visitation opportunities available in addition to the business sessions, meetings, workshops, and general sessions. *In fact, convention planning time is over —the convention is here!*

Greater Pittsburgh Airport

"TEAHOUSE OF THE AUGUST MOON" AND "THE BARBER OF SEVILLE" PLAY CONVENTION CITY

The Pittsburgh Opera Company will offer the famous opera on Wednesday, April 24th and on Friday, April 26th. Featured players for these performances will be Salvatore Baccaloni and Charles Anthony of the Metropolitan Opera along with Cesare Bardelli and Graciela Rivera. Reservations should be made in writing to opera group at 1522 Farmers Bank Building, Pittsburgh.

Comedy lovers and devotees of the play, "Teahouse of the August Moon," will have opportunity to view the stage presentation when it is performed at the Pittsburgh Playhouse, 222 Craft Avenue. Tickets are available to the public for Monday through Saturday.

MAY 5-11 IS NATIONAL HEARING WEEK

Because it isn't a "visible" handicap, the average American isn't aware that nearly one in 10 citizens suffers from some degree of hearing loss.

This year under the honorary chairmanship of Walt Disney, the American Hearing Society launches the 29th annual National Hearing Week. Aim of the week is to alert the public to the problems of hearing loss and the importance of efforts to prevent deafness, conserve hearing, and rehabilitate those cases possible. Of the 15 million persons so handicapped, three million are infants and small children.

"PLANNING FOR VICTORY OVER DISABLEMENT," IS THEME OF 1957 ISWC WORLD CONGRESS

London, England, is the scene of the Seventh World Congress on rehabilitation. The Society is working to make this July 22-26 meeting a broad, comprehensive effort to engage the attention and participation of all professionals concerned with the inter-connected problems of the disabled.

Church House, Westminister London, will be the official meeting place. The royal patronage of H. M. Queen Elizabeth will be extended to the group.

MENTAL HEALTH WEEK IS APRIL 28-MAY 4

"The Mentally Ill Can Come Back—Help Them," is the slogan for Mental Health Week.

Stress will be on the hopeful aspect of the fight again the top health problem of the nation—mental illness. The National Association for Mental Health is sponsor of the observance.

People

● Lawrence J. Linck, former executive director of the National Society for Crippled Children and Adults, has accepted a short-term appointment in Brazil. He will serve as consultant to voluntary organizations working for the physically handicapped.

● June Sokolov, executive director of the Hartford Rehabilitation Center, is now acting director of occupational therapy curriculum at New York University during the sabbatical leave of Director Frieda Behlen. Miss Sokolov was the second therapist to receive the Eleanor Clark Slagle Lectureship Award of the American Occupational Therapy Association in 1956.

● Godfrey D. Stevens, now with the Mental Retardation Project, Teachers College, Columbia University, N.Y.C., was director of training of the Southbury Training School, Conn.

● Lloyd M. Dunn was recently named liaison representative to the American Psychological Association by the National Society for Crippled Children and Adults.

● Christine P. Ingram, on leave of absence from Illinois State Normal University, sends greetings to Council members from the American University at Cairo. She was evacuated on Nov. 1 with the rest of the American staff to Geneva, Switzerland. She returned to Egypt on Dec. 13 and the University re-opened on Dec. 26.

● Warren B. Perry of the Board of Public Instruction, Philadelphia, is chairman of the ICEC meeting at the NEA Centennial Convention in that city. He replaces Helen C. Witte, who resigned as chairman.

● Robert H. Thompson has been named superintendent of the Michigan School for the Blind. He leaves his present post as superintendent of the Missouri School for the Blind on May 1. Ina E. Hubbard will be acting head of the Missouri School until it closes in June.

NEA Activities

● Centennial birthday parties honoring the founding of the Association were nationwide on April 4th. Prominent figures in public life joined teachers and representatives of other professions in saluting the

past achievements of the first century of progress of the National Education Association.

● *The National Tape Recording Catalogue,* now in the second edition, is available for one dollar from Kent State University, Kent, Ohio. This publication is sponsored by the NEA Department of Audio-Visual Instruction and the Association for Education by Radio-Television.

ICEC Reports . . .

Pennsylvania's Mid-Western Chapter No. 291 joined the ICEC family in February.

During this same period, 1457 memberships were received bringing the total to date to 9030. Subscriptions continued to increase by 116 to bring this total to 1716 for the year.

To all of our new members and readers, ICEC extends a welcome!

SAN FRANCISCO AREA OPENS RECREATION CENTER AND SUMMER DAY CAMP FOR CRIPPLED

A new non-profit corporation dedicated to provide year-round recreation for physically handicapped children and adults is now in operation. The Recreation Center for the Handicapped, Inc., located at the Fleishhacker Pool Building on Great Highway near Sloat Boulevard is a project of the San Francisco Guild for Crippled Children and is assisted by the San Francisco Recreation and Park Department.

Founder and director is Mrs. Morris H. Pomeroy and associate director is Irvin Brooks Kuehl.

EDUCATORS OF BLIND YOUTH TO MEET IN OSLO, NORWAY, AUGUST 2-10

The Huseby off. Skole for Blinde, Oslo, Norway, will be the setting for this second international conference of Educators of Blind Youth. E. H. Getliff, headmaster of the Royal School of Industry for the Blind in England, is chairman.

Edward J. Waterhouse, director of the Perkins School for the Blind, Watertown, Mass., is conference secretary and a member of the executive council. Attending with him will be Finis E. Davis, superintendent of the American Printing House for the Blind and another member of the executive council.

Others attending from the United States will be: J. M. Woolly, superintendent, Arkansas School for the Blind; Robert H. Thompson, president of the American Association of Instructors for the Blind and superintendent of the Missouri School for the Blind; Josephine L. Taylor, director of educational services for the New Jersey State Commission for the Blind; V. R. Carter, superintendent of the Oklahoma School for the Blind; Seldon W. Brannon, principal of the department for the blind, West Virginia School for the Deaf and the Blind; and M. Robert Barnett, executive director of the American Foundation for the Blind.

McAllister Hotel Headquarters for the ICEC November Regional

ICEC'ers from the nine southeastern states and many from the border states surrounding Arkansas, Louisiana, Tennessee, Mississippi, Alabama, Georgia, South Carolina, and North Carolina will be heading for Florida for the November 13-16 regional.

Charles High, associate consultant for the education of exceptional children, State Department of Education, Tallahassee, is chapter workshop chairman. An advisory committee has been set up and plans are progressing to make this a truly regional conference to serve educators and allied professionals with a stake in the exceptional child. Doctors, nurses, public health workers, physical and occupational therapists, mental health experts, social welfare groups, and parents will be welcome to attend and participate in further interdisciplinary teamwork for the benefit of all at this regional.

Harriet Vernick is chairman of the publicity subcommittee and is working with the publicity director of the city of Miami to spread word of the meeting and facilities available to visitors.

It isn't too early now to schedule this regional for your fall activity calendar. Make a note of it today!

City of Miami News Photo

different work outside the normal curriculum and did not seem to be inner driven. Intellectual inflexibility refers to strict adherence to collection of facts without seeing new avenues of attack on problems or without presenting ideas different or more original than those voiced by their classmates.

The category, "Emotional Problems in Restricted Areas," refers to the situation in which the child apparently was having difficulty in his adjustment in one of the three major areas of child experience —family, school, or peer relations but was able successfully to keep from spilling over into the others. Several of the children seemed to have sizable problems at home but not at school and vice versa. These are to be contrasted with "Pervasive Emotional Problems," in which instances the disturbance is evident in all areas of adjustment.

In Table 8 the amount and type of problems present were divided according to primary and elementary grades. Two differences are worthy of notice in this comparison of younger and older gifted children. There were a larger number of cases in the primary grades that showed no outstanding problem and there was a marked increase in problems of intellectual inflexibility in the children of the elementary grades. While caution is necessary with such small samples and unknown selective factors operating, a hypothesis extending from this data could be that highly intelligent children have more problems adjusting in later grades and that these problems relate to a tendency to become less creative and more intellectually rigid and unimaginative.

It is significant that in the total group 29 percent of the cases revealed no outstanding problem. This would indicate that roughly one out of three of the cases observed had about as good an adjustment in the four areas of development—intellectual, academic, social, and emotional—as could be expected for a child of that age. This can be considered something of an achievement for these children considering the extent of the investigations made with the specific purpose of identifying problem areas.

Forty-nine percent or approximately one-half of the group received a rating of minor adjustment problem. Actually, practicing school psychologists and social workers would be inclined to shrug their shoulders at most of these difficulties as being unimportant. Nevertheless, this rating did represent various conditions that might be improved.

Only nine percent of the group revealed specific disabilities in educational work. Despite other difficulties, this group was able to work quite satisfactorily on academic subjects. Indeed the three cases that were rated as problems in the basic skills of reading or arithmetic were not seriously enough in trouble to be considered remedial cases in the ordinary sense of the word. It appeared that whatever difficulties this group may have had, they were still able to do enough in the academic areas to be comfortably abreast or ahead of their classmates.

Two areas that present the most real difficulties were those of motivational problems (40 percent), and intellectual flexibility (26 percent). The high percentage of occurrence of these problems indicates that there was a sizable minority of the present group who were unable to use freely their intellectual gifts and an even larger minority who did not seem to be inner driven to explore new things, create verbally or artistically, or do much of anything beyond what they are already accomplishing. The present group has been less than impressive in their spontaneous and creative work.

TABLE 9 PROBLEM TYPE IN RELATION TO SCHOOL ENVIRONMENT*

Problem Type	High Referral Schools (N=23, 74%)		Low Referral Schools (N=8, 26%)	
	Total** Problems	% of Cases	Total** Problems	% of Cases
No outstanding problem	7	30	2	25
Minor adjustment problem	12	52	3	37
Educational inefficiency: specific disability	3	13	1	12
Lack of academic motivation	6	26	6	75
Intellectual inflexibility	7	30	1	12
Social adjustment	5	22	1	12
Emotional problems: pervasive	1	4	0	0
Emotional problems: in restricted area	4	17	2	25

* Two schools were omitted from this data because they did not properly fit the criterion for either a High Referral or Low Referral school.

** The total number of problems may exceed the number of cases since several cases were listed as having more than one problem.

Social adjustment turned out to be less of a problem than other areas of adjustment. Only 20 per-

cent of the cases could be classified as having some difficulty and these problems did not seem to relate to their intellectual status. However, subjective impressions led the present writers to believe that some children were deliberately restricting their intellectual activity in order to insure their social status.

Only one case had an emotional problem which seemed to affect negatively all areas of development, but 20 percent of cases had enough of an emotional problem to cause personal difficulties which the child was able to keep isolated. For example, the child may have had distinct family adjustment problems which caused considerable personal tension but did not materially affect his school adjustment and vice versa. The total effect of these problems was hard to evaluate except to note that it did not seriously affect, in most instances, social and academic adjustment seriously enough so that attention was called to it.

Table 9 reveals a further breakdown of problem types in relation to school environment. The schools were divided into high referral schools or those which have contributed three or more children and low referral schools, or those which have contributed only one or two children to the project.

It is quite interesting to note the relatively high agreement in the proportion of problems from one type of schood setting to another, with one outstanding difference. Seventy-five percent of the cases from the low referral schools were classified as having motivational difficulties while only 26 percent of cases from the high referral schools indicated this problem. It would probably be incorrect to jump to the conclusion that the poor motivation in the cases from low referral schools were due solely to lack of stimulation and challenge from classmates. Many other possible variables such as family background, socio-economic status, and so forth, were imponderables in the present comparison.

Summary of Results

1. Approximately 10 times as many highly intelligent children were found in the local school systems at the grade levels two-through-five than could be expected by chance.

2. Extreme individual differences made it difficult to generalize about the group without ignoring a significant minority of cases operating in opposition to the generalization.

3. A sizable minority of the present sample (29 percent) seemed to be adjusting as well as could be expected intellectually, socially, academically, and emotionally.

4. Relatively few members of the present group could be considered in serious academic, social, or emotional difficulties.

5. The major difficulties of the total group seemed to be lack of motivation, lack of creativity or originality, and minor personal adjustment problems which tended to sap their total adjustment potential.

6. Teachers rated these children very favorably on practically all variables except creativity and leadership.

7. The older children in this sample had more problems of intellectual rigidity than the younger children. Proportion of other types of problems remained about the same.

8. Children in the present group coming from schools where there were few bright children showed more motivational problems than the children coming from schools where there were many other bright children.

Discussion

One of the most significant comments the writers feel could be made in summary is that no general statement can be given concerning the present group without there being a great many exceptions to that statement. The variety of individual differences was constantly being impressed on the committee, particularly in the case study conferences. Whether it was in physical development, social adjustment, emotional health, or academic performance there were those children who deviated from the group norm and made the individual case studies that we did not only convenient, but necessary.

Once having said this, it is possible to note some group trends which seem to have some relevance. One of the more striking observations to be made was that the problems that exist in these children were generally of the non-irritating variety. They were not anti-socially aggressive. They were not academic problems. They did not generally have emotional problems of sufficient magnitude to disturb their teacher, parents, or peer group. In short, their problems were not ones of commission, but omission. Of course, the findings concerning the adjustment of gifted children in a less favored educational and economic environment might not be so favorable.

These softer, more elusive difficulties only became obvious when one abandoned the frame of reference of the regular classroom and adopted as a reference point the child's own potential. Two of the major difficulties revealed in the present study were those of poor motivation and of intellectual rigidity or sterility. It is impossible to measure the amount of intellectual power going to waste in our present group, but certainly our results suggest it is considerable. Some of these children may show a spurt of creativity and productivity when they reach adolescence or become young adults, but this theoretical spurt cannot be relied upon.

Assigning responsibility for this difficulty of stimulating these children to use their gifts freely and extensively was beyond the scope of the present project but not, we hope, beyond the reach of future research. It is likely that there are many and varied causes for the lack of efficiency of individual gifted children.

These results should discourage those who believe that there is an easy administrative adjustment that will solve the multivaried problems revealed here. It is only when one examines at close range the individual cases that this wider variation of difficulties is revealed in its full significance. The authors hope to publish a series of case studies as a companion piece to the present article to document this point in a later issue of this journal.

Even if future research determines beyond a doubt that the initial causation of intellectual sterility lies within the family unit or in peer group relationships, the responsibility of the schools in no wise changes. It is no new task for school systems to have to handle problems that were not of their own making. To recognize the homily that there is no one solution to the adjustment problems of gifted children is not to justify inaction but rather to suggest varied methods and procedures by which we may reclaim the intellectual potential of the most talented of the next generation.

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Some observations on the

1956 Statement of Policy

issued by the American Association of Instructors of the Blind

Editor's Note:

The American Association of Instructors of the Blind, in convention, June 24-28, 1956, Worthington, Ohio, considered and adopted a "Proposed Statement of Policy by the American Association of Instructors of the Blind" prepared by a Policy Committee whose chairman was Robert H. Thompson of the Missouri School for the Blind. Because of its scope and significance this report has attracted the attention of many thoughtful educators in the field of special education. Three independently prepared critiques have been solicited and are presented for our readers in the following pages. As such the critiques do not necessarily represent the opinions of the editors or publications board of the International Council for Exceptional Children. They are presented because of the importance of this report to the education and development of blind children.

I

T. ERNEST NEWLAND, Institute for Research on Exceptional Children, University of Illinois

As one "without the pale," having worked full-time in no school or with any class for children who are blind, I could well be regarded as a presumptive intruder. There has, however, been a 10-to-15-year period during which some contact was had with the educational, social, and emotional problems of the blind. As one principally concerned with the larger problems of special education in the total social picture, and as one ever, I hope, concerned with the clinical and educational problems of all children who are exceptional, I feel justifiably attracted to a consideration of this statement. The probable overlapping and the likely disparities of these three independently prepared reactions should be both indicative and provocative.

Only I can be held responsible for the comments which follow. My reactions are made with respect to the 26-page mimeographed statement, counting neither the transmitting letter to AAIB members nor the index page. While no date appears on the document, it is the one adopted by the AAIB at its June 1956, Worthington, Ohio, meeting, subject only to possible changes (of which reportedly there were none) and to editorial polishing.

The issuance of and presumed concurrence in this 1956 statement must be regarded as a significant milestone, reflecting the considered observations of a group committed to the full education of blind children and pointing the direction in which they, at this point in their evaluation of the education of the blind, hope this education will move. As is the case with most such statements, the self-inquiry and the self-stimulation attending its preparation probably will be found to be of considerably greater value than the statement *per se*.

I shall first concern myself with certain positive aspects of the statement. Next, I shall suggest some negative reactions to it. Lastly, I should like to express some curiosities I hold with respect to certain of its statements and some possible connotations in it.

On the Positive Side

As has been suggested, the existence of a document such as this is evidence of sustained, intensive, and cooperative consideration of matters of policy on the part of Robert H. Thompson, his committee, and others in the organization on whom the committee presumably drew for assistance. Any such endeavor, democratically employed, is professionally healthy and potentially socially contributive. Numerous sensitivities are reflected which would, if they lead to action, contribute much to an improved educational program for children who are blind. In point here are such parts of the statement as (1) the strong stand against "the promulgation of dogmatic theories and personal opinions;" (2) the admonition that the blind be regarded as coming

under compulsory school attendance laws (A strong stand could well have been taken on state-wide compulsory and effective enumeration of all children of school age as preparatory to the instrumentation of compulsory school attendance laws.); (3) the desire that the educational standards for the education of the blind be at least equal to those for the non-blind; (4) the commitment of the AAIB to a concept "sufficiently broad . . . to serve the professional interests of all systems of education for the young blind" (The considerations extend into the high school level.); (5) the recommendation in favor of some form of nursery and preschool programs for children who are blind; (6) the recognition of the possible effective use of an itinerant consultant for teachers with blind children in regular classes with seeing children; and numerous other observations bearing, in part, on qualifications of administrators, and on characteristics of counseling services. Praiseworthy, too, is the fact that basic research is regarded with such favor. It is hoped that the statement will not be taken to preclude technological research (in teaching and counseling procedures, for instance), action research at the school or classroom level, or research done by "outsiders."

On the Negative Side

Glaringly absent from this statement is any delineation of proposed qualifications for teachers—the very persons who presumably constitute the essence of the organization bearing the title of "American Association of Instructors of the Blind." They relegate themselves to a single specific mention under "related personnel" (along with house parents). The statement reflects materially more concern with the tenure of administrators than with the professional competence of the instructors. Whether written by actual instructors of the blind or by administrators of educational programs for the blind, the omission is professionally inexcusable, particularly since the need for constructive thinking regarding the qualifications of teachers of the blind is so great

As one deeply concerned with the fact of individual differences among children who are learning, the implication of item 5, bespeaks classroom convenience rather than the necessary individualization which underlies effective learning. This item (p. 16) reads: "The child does best when he is able to use the *same* learning activities and techniques concomitantly with the other members if there is to be a climate that stimulates achievement and cooperation with the other members of his class. *Different methods of reading and writing cause interruptions for the class and focus attention unduly on the pupil or pupils responsible for these deviations.*" (Italics mine) Psychologists and informed educators who read this part of the outcome of the deliberations of the AAIB will be startled to encounter this psycho-educational dodo bird. The objective facts of individual differences in the learning rates of children and in the manners in which children learn began to become recognized some 50 years ago; sincere efforts to adapt educational methodologies to these differences antedate even that point in educational history. It is possible that this statement suggests one of the reasons why so many schools for the blind have so long failed to recognize their responsibilities and opportunities with respect to the mentally retarded blind.

Yet, later (Item 5 k, p. 17) there appears the statement, "Children who are blind need variety in their curriculum if their individual differences are to be recognized." This, however, seems to be addressed more to an aversion to a decentralized educational program for the blind than to the matter of dealing meaningfully with children who differ.

It could be that the observations included under the heading, "Need for Sound Guidance Program," were written by a subcommittee different from the one which prepared those on curriculum. Without in any way denying the appropriateness of the admonition, "Everything possible should be done to provide adequate reliable psychiatric services . . ." one can't help but wonder about the reality of the situation. Due to the number of qualified psychiatrists (most of them adult-orientated) and due to the nature of their geographic distribution, many schools for the blind have little, if any, valid hope of obtaining the amount and kind of psychiatric service recommended. Approaching the opposite extreme, psychometric services are appropriately narrowly reflected. But the intermediate possibility of psychological services, more likely to be attainable, are not mentioned. Grossly needed is a professionally acceptable statement of the qualifications of even the psychometrists.

One wonders how helpful the treatment of the topic, "Adolescence," will be found. The state-

ment, "Every blind child sooner or later, if he is going to be successful, must learn to live satisfactorily in a sighted world," is followed, three sentences later, by the statement, "Adolescence is generally not the best time for this change to take place." The absence of positive observations on this crucial problem is in sharp contrast to the three pages (out of a total of 26) devoted to specific and detailed observations on "administration."

Notably lacking, and markedly needed, are sound and specific observations on the need for and nature of data collecting and record keeping procedures that would be conducive to working effectively with the children in the schools for which this policy statement appears to have been written. True, there are allusions to this problem area that may be regarded as relevant, but specificities, comparable to those applying to the physical plant and the administration, are absent.

Some Curiosities

Equally important, to this observer at least, are some curiosities aroused while examining the statement. Starting out with an expressed primary concern with the "young blind," is it only accidental that the partially sighted are involved in the considerations? Were the multiply handicapped—the mentally retarded blind and the orthopedically handicapped blind, for instance—only accidentally overlooked? Is the term "visually handicapped" consistently used to denote the blind, or does it include the "partially seeing?" The different contexts suggest frequent vacillation. In endorsing this policy statement, did the organization sense any conflict between the warning against "the promulgation of dogmatic theories and personal opinions" and the positive statement "Those who would burden the blind child with a situation that is loaded with psychological dangers in an effort to reject the fact of blindness and the adjustment pattern it requires, do both the parent and the child grave injustice." How well and objectively known is this "adjustment pattern?" Other equally positive statements, similarly lacking in research support, are employed.

In reading a document prepared by a group, and presumably epitomizing the thinking of a group whose history one has long known, one usually looks particularly to see how specific issues are treated. When one has known that a given organization has taken definite stands on problems, one always looks to any statement from that organization for a clarification of such stands. Neither condition was or had been operating, however, when the AAIB statement of policy here under discussion reached this commentator. It came to him as something bearing on the education of the blind and, therefore, something with which he was professionally obligated to know. As one read it, the values and limitations mentioned became apparent, but, even more importantly, there repeatedly appeared statements that, at first, seemed to suggest a positive stand with respect to the possible values in different approaches in teaching the "young blind." (Item VII, A, p. 5) The tempering of this educational tolerance then started on page six. A tolerance born of limited population concentration appeared on the middle of page seven, but generally such dissipation of educational energy and facilities is deplored by the bottom of the page. From that point on, one frequently encounters comments which set as the frame of reference unmistakably, to this reader at least, the residential school (although, at points, day school *classes* might be inferred to constitute a plausible background).

As one who believes firmly that he is neither "all residential school" nor "all itinerant specialist" in his thinking on the education of the blind (young or otherwise, totally blind, or partially seeing), he senses a discordant tone permeating the document. On the one hand, there appears to be an attempt on the part of the framers of this policy statement to cause themselves to be perceived as fully tolerant of whatever methods of teaching the blind may be found by research to be most effective. Yet, countering this is the repeated suggestion of the position (To the point of "promulgation"?) that the blind child should be educated—"where he is normal for the group"—in classes for the blind and in schools for the blind. Actually, in spite of the fact that the policy statement was approached with complete lack of bias, the statement struck this commentator as having been written from a view-with-alarm position on the attempts of the itinerant specialist. This, then, was a major curiosity aroused by the reading of the AAIB policy statement in question: Was it a facade of objectivity in the teaching of the "young blind" which really carried the torch for the need and merits of their being educated in residential schools and in classes for the blind?

Summary

This policy statement must be regarded positively in the sense that one always looks with approbation on the process by means of which any group, after deliberation, seeks to make itself articulate. (As in so much curriculum development work of teachers, it is the process rather than the product of their endeavors which constitutes the major outcome.) Certain points, particularly those of an administrative nature, merit a broader audience than this policy statement may get. Unfortunately absent from the statement is any indication of what the preparation requirements of teachers of the blind should be. The ignoring of the reality of children with multiple handicaps must be regarded as a definite limitation. This commentator perceives the statement as reflecting more than an objective recognition of the educational feasibility of an itinerant specialist working with blind children in sighted situations: major consideration appears to have been given to a preference for the education of the blind child in situations "where he is normal for the group."

Any policy statement is appropriately and necessarily a structure of generalities. The generalities expressed must, however, cover the field with which the policy is concerned. Specifics as illustrative of the generalities are appropriate. If the specifics dominate the generalities, the potential impact of policy per se is weakened. If a policy statement is generally perceived as pleading a special case, the philosophical and professional stature of such a statement tends to be impaired. As a first step, the statement has merit. Perhaps later modifications will enhance its value.

II

M. ROBERT BARNETT, executive director, American Foundation for the Blind

The AAIB began its official life in the year 1871; in the year 1956—85 years later—the Association, in membership assembled, adopted by a large majority vote its first statement of policy and "now possesses a frame of reference for its beliefs and purposes." [1]

As executive director of the American Foundation for the Blind, I salute the efforts of the Association to develop such a statement. I am aware that an initial policy statement made its appearance at the Batavia Conference of the AAIB in 1954 and that very wisely the Association agreed to work toward the development of a more complete one during the next two years. Such a statement embodying, as it must, a deep seriousness and firm sense of principle is not easily developed by the few as a vehicle of expression for the many and this fact is thoroughly appreciated. So, in the two-year interim, I had looked forward to the reading of a concise, coherent, and positive statement, especially as I felt that such a pooled professional viewpoint would be helpful in carrying out my own agency's chartered responsibilities. I received the statement just shortly before the 1956 convention which I attended primarily because I look upon the AAIB as a vital force in this specialized field which can and should be professionally strengthened and, like the Foundation, should continue to work for the improvement of the quality of personnel, the validation of new methods, and the maintenance of media of material of instruction.

An initial, thorough, and uninterrupted reading of the statement conveyed to me a feeling that this was a statement of defense; of strong feelings *against* something; of an attempt to establish status by proclamation rather than to gain it by accomplishments. The AAIB membership, after only a brief discussion by superintendents and teachers from the floor, even though discussion was openly invited by the chairman, adopted this statement as a frame of reference for its beliefs and purposes. This may be readily understandable if one assumes that it is a document for internal consumption only. It seems to embody for the individual superintendent and the individual teacher a sort of "collective security" which appears to me to betray a need for refuge from possible criticisms of a long-established and long-recognized program of educating blind children. I doubt that such a need exists among *all* the superintendents and *all* the teachers who are

[1] W. T. Heisler, September 15, 1956 issue of *The Lantern*

members of the AAIB and this doubt makes me wonder at the curtain of silence these same people maintained when the statement was under open discussion.

However, the preface contains the information that this statement is also "for the guidance of others who may seek its help" and therefore it becomes a document for external consumption also. It is most difficult to prepare a document which purports to carry a philosophy for, not only those who are very familiar with specialized terminology and practices, but also for those who do not possess this in any great degree but who are very familiar with professionally accepted educational principles based on child growth and development. Writing for such a dual audience makes it even more necessary to avoid vague rhetoric, unvalidated assumptions, and incorrect quotations. However, I note that the editorial committee has ordered the incorporation of any changes accepted by the convention and also that the final copy of the statement is to be professionally edited before going to press in print and in braille. Hence, I shall not dwell upon these characteristics of the manuscript. I shall devote myself to an examination of the content.

In the first place the name indicates that this is a statement of policy. It seems to be, rather, a combination of philosophy, policy, and procedure and the distinctions among them are unclear. I noted with interest the brief statements under "The Function of the American Association of Instructors of the Blind—Scope, Media, Research, Interpretation, Voice of Authority, Unity, Philosophy." I thought perhaps the body of the document would detail the policy of the AAIB with respect to these items, most of which are indigenous to policy. Instead, the body of the report dealt with such items as "The Ethics of National Agencies; Responsibility for the Education of Children Who Are Blind; Administrative Factors from the State Point of View; Cooperation of Local Agencies; and Educating the Young Blind." It is this departure from pure policy enunciations to assumptions and premises dealing with practices and procedures which dismayed me and made me wonder if the average reader would try to discover the "policy nuggets" amid the verbal silt of methods and practices.

The item "Voice of Authority—to be the professional spokesman in the interest of education of the young who are blind"—is a self-label. This kind of authority is bestowed; it is never self-assumed. Furthermore, even if bestowed by others, it is current and valid for only a brief period of time; continuation or discontinuation of such a title is a dynamic process involving evaluation of professional contributions which may merit or demerit the title.

Scattered throughout the statement were brief references to general functions positive in themselves but so briefly stated and in such a frame of reference as to belie the fact that they constitute policy. Such items as to cooperate with other organizations, to conduct conventions, to utilize periodicals, to encourage research, etc., are more or less basic to the normal functioning of any organization and, unless more specifically delineated, hardly constitute policy. Much stronger are the statements such as "to abide by the AAWB Code of Ethics; to maintain standards equal to or to exceed the standards for those who are sighted; to require of administrators of educational programs for blind children the same educational qualifications required of the administrators of the regular public schools of the respective states wherein they are employed; and to require of all personnel working with blind children stabilized personalities, good mental health, and freedom from emotional problems."

On the other hand, I missed very much an enunciation of definite policy with respect to the following important items:

1. The vision characteristics of children to be educated as blind children.
2. The provisions to be made for multiply handicapped blind children, including those with low mentality.
3. The restoration of vision of the improvement of psycho-visual efficiency of "blind" children to enable them to function as persons with sight.
4. The flexible referral of blind children from one educational program to another in terms of individual need at different stages of growth and development.
5. Standards of teacher preparation.
6. Standards of teacher experience.
7. Standards of "plus" preparation of teachers.
8. Standards of teacher-pupil load.
9. Standards of continued professional train-

ing of teachers through in-service training programs.

10. The membership of teachers of blind children in their *basic* professional group, usually the general educational association of the local area and the appropriate sub-divisions within it.

11. The utilization of other professional resources within the community.

12. The employment of blind and of sighted teachers.

13. The regional planning for educational programs for blind children.

14. The development and validation of new tangible aids and material.

15. The application of *all* policies to schools educating Negro blind children separate from white blind children.

In conclusion, I should like to state that the very long policy statement represents inclusion of a great many subjects some of which constitute overt policy but many of which are specific procedures and methodology. There is a definite need for the latter but perhaps the intensive development of them will require many work sessions, institutes, and seminars in which the deliberations of both administrators and teachers—general and special—can be focused on these factors so vital to the total education of blind children. It seems to me that the AAIB in its most recent conventions, introduced and encouraged this kind of group deliberation. I hope sincerely that there will be an even stronger implementation of this in future years, an implementation that might well result in a revision of this statement which clearly would separate associational affairs from professional opinion—and both categories reflecting the fullest possible assimilation of the views of the entire membership.

III

WILLIAM M. CRUICKSHANK, Director,
Education for Exceptional Children,
Syracuse University

The American Association of Instructors of the Blind is to be congratulated for preparing and producing a policy statement. In the knowledge of this writer, the 1956 statement is the first prepared by this Association during its long hundred-year history. The preparation of a critique of a statement as complex as the one here under consideration is difficult primarily because of limitations of space. Many pages could and should be written in consideration of both the positive and negative aspects of the statement. There are many positive aspects to the report. Because they are positive and are in keeping with general best practice in the total field of education, little comment will be made here on such aspects of the statement. In general, with a few exceptions to be noted later, Part B of the report is well stated. This section deals with the administration of residential plant and equipment, with concepts of administration and supervision, and with the role of related personnel in the residential school. Other positive aspects of the report will be referred to in comments which follow. The major portion of this critique will be devoted to aspects of the Policy Statement which this writer feels are contrary to best practice and current understanding with respect to child growth and development.

One would hope that the Association which declares itself to be "the only national agency charged solely with responsibility for the improvement of the means of education for the young who are blind" (8.1, Par. II) would seek positively to encompass educational programs for all blind children wherever such children may be found. Rather, throughout the statement, there appears to be a real confusion in the minds of those who prepared the report, a confusion which seems to attempt on the one hand to retain the *status quo*, and on the other shows a wistful and ill-concealed realization that the *status quo* may properly be challenged. Oftentimes emotional tone creeps into this policy statement which can do little else but belie the defensive role which is observable to the reader. Dr. Farrell has quoted me to the effect that educators of

thoughtful mind can and must intelligently seek a harmony in their differences to the benefit of the children of the nation. This must be reiterated here, for the policy statement must be interpreted as advocating one way of education and ignoring other ways of education. Is it not possible for the AAIB to assume a role as the spokesman for blind children wherever they may be found and in whatsoever form of education they may be participating? In this way the organization can become truly a "national agency" to which all educators look for guidance and leadership.

Presently, and in the light of the policy statement, one would have to challenge the self-appointed role of the organization, for it does not represent an organization which is seeking to improve *all* programs of education for the blind. The policy statement deals in detail with only one plan, namely, the boarding school. It must be stated at this point that no educator in his right mind foresees, in the immediate or distant future, a time when residential schools will become *passé*. Such schools will always be needed, probably so long as there are blind children. The thoughtful educator, however, sees that there is more than one way to provide educational services to blind children just as there is more than one way to provide services to any child. The policy statement of the AAIB would be much more palatable to this writer and to many others if it could encompass a philosophy of what this writer refers to as *selective placement* of blind children in the type of educational setting which is most adequate for that child's particular needs as they are considered *in toto*.

Some children, perhaps the majority, will need the residential or boarding school program. At the same time some children need and can profit from special classes, or resource rooms, or from the services of itinerate teaching personnel within the framework of the community day school. This has been pointed out so well in *The Pine Brook Report* of the American Foundation for the Blind. The education of exceptional children, including the blind children, has long since ceased to be a matter of a single plan for all children. In contemporary thought the education of exceptional children, including the locus of the educational program, is a matter of decision based upon the needs of the child, the needs of the family, the limitations and advantages of different school programs in the vicinity, and upon a myriad of other factors so common as to need no mention here. The major criticism of this writer of the policy statement is that, while important in bringing together for the first time a public pronouncement of philosophy, it fails to be a policy statement which throughout its pages is in harmony with contemporary thought. Life continues rapidly and educational philosophy has already outdistanced and outdated by many years many of the expressions found in the policy statement.

The policy statement speaks of itself as a "voice of authority" (p. 2). It seeks to build "unity" and "solidarity" within the profession. I would hope that we could always remain sufficiently humble so as to avoid the term, "authority," particularly in print. Too little is known about the education of blind children, too little research is completed, to enable many to speak as an "authority." Most of what is done in the education of blind children and youth must yet be put to the test of the laboratory and of definitive experimental design. Lowenfeld's excellent treatment of research (in *Psychology of Exceptional Children and Youth*, ed. Cruickshank, W. M., New York: Prentice-Hall, Inc.) illustrates this point. Research in educational techniques, program planning, and related educational matters is minimal, although extensive studies have been completed in other aspects of psychological development of blind children. I, too, would hope that the AAIB would seek to develop "unity" and "solidarity" within the profession. I would hope, however, that the organization would actively seek to encompass teachers of blind children wherever they may be found as it should likewise seek to serve blind children everywhere. Day school teachers of blind children are not rejected as members of the AAIB, but the policy statement in its present form and spirit does not extend a welcome hand.

In many details the report could be questioned. Some omissions from this critique are significant omissions and are permitted because of space limitations; others are insignificant to the larger problem and relate only to matters of syntax and clarity of presentation. We applaud the recognition of the value of educational services in the early years of a blind child's life. The policy statement (p. 6, c) states, "It is optional whether (pre-school services) would be with seeing children or all blind children at this age." We will not equivocate with this statement, but rather wish that a subsequent statement

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had been added which would clarify philosophy. The services to blind children during the pre-school years, and indeed during any other time in the child's life, should be made available until the time when the child can assume his place with sighted children, youth, or adults. Pre-school services, if for blind children only, should have this as their goal. Experience has demonstrated that some pre-school blind children can leave a special nursery school program and satisfactorily take their places with sighted children. In this same vein one wonders why adolescence isn't as good a time as any other for the experience of associating with sighted children and upon what research the policy committee bases its statement that "Adolescence is not the best time for this to take place."

A statement which follows one of those quoted above (p. 6, c) is exceedingly misleading, that is, "Segregation may not be advantageous until play, childhood situations, and increasing self-consciousness begin to create distinctions." With this in mind one then later learns (p. 7, par 2, d) that "Generalizations . . . should not be indulged in." One of the major criticisms of the policy statement is in terms of the many, many generalizations which have been made. and the one quoted above is typical. Similar broad generalizations which have little or no research to support them are such statements as the follows: (1) "The law of diminishing returns applied when educational services are divided and dispersed beyond certain limitations of population and resources (p. 7, par 2, e). (2) "The practice of establishing day-schood classes . . . is an arrangement which can be satisfactory for a smaller number of blind children" (p 7, par 2, a) than the number cared for in boarding schools as discussed in a preceding paragraph of the report. (3) "As units of any type of education are divided and dispersed, quality, and quantity diminish and signs of inadequacy increase." (p 13, par 1). (4) A very poor judgment value is noted in the statement that the "advocacy of all types of education being offered everywhere when the number of people being served is inherently small shows a lack of knowledge of the problems of . . . school administration (p 13, par 2, k)." The defensiveness of this and similar statements renders this report, not a policy statement, but a series of arguments for a narrow point of view.

The discussion on pages 16, 17, and 18 deals with curriculum. Numerous points here could be challenged in terms of both research and best practice. Most outstanding, perhaps by reason of the professional preparation of this writer, is that noted in par. 5, f on page 16, wherein the report states that the "child does best when he is able to use the same learning activities and techniques concomitantly with the other members of his class if there is to be a climate that stimulates achievement and cooperation . . . ." This is simply evidence that findings of numerous research studies were either overlooked or were not known to the writers of the policy statement. The concept inherent in this quotation is so outmoded in psychology and education as to startle the reader by its appearance in a 1956 publication. This quoted statement is extracted from a general discussion of educational programs *within* residential schools. It is statements such as this which give support to the erroneous notion that residential schools are not doing an adequate piece of work. The above statement is in complete disharmony with one which follows two paragraphs later which states that "it is unrealistic to expect a child to respond to teaching methods not adjusted to his individual differences." If this is true in the residential school (and this is a much more adequate statement than the earlier quotation), is it not also true in the day school situation for blind children?

It is unfortunate that the policy statement was released in its present form. This reader, from an examination of the statement, gains the impression that there was a hurried presentation of the report to the convention and that the statement was adopted without sufficient thought or discussion. Certainly this statement does not represent the best thought of an organization whose membership list contains many outstanding educators of blind children. The present statement is a good first draft which needs many, many revisions and much additional thought before it can truly be said to represent the education of blind children in the United States. The American Association of Instructors of the Blind would do well to re-activate its policy committee and give its members a new charge. This charge would encompass the preparation of a statement which would be universal in its coverage of services to blind children. The Association and its members can, of course, believe what they want.

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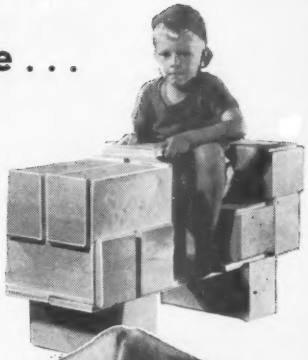
or otherwise . . .



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They can publish what they feel is right. To advocate but one approach to a very complex problem, however, is not to represent the field *in toto* nor to present for public consumption the full story. The policy committee should be charged to spend many months, if necessary, in conversations with many people and with many groups of professional people, and attempt to present to special and general educators a charter for the education of blind children which does credit to the AAIB and to all blind children everywhere. Different points of view are always healthy. However, until the educators in the United States who are concerned with blind children come to a more unanimous meeting of the minds, programs of education will move forward in a halting manner and fully adequate services to blind children will be less than the deserved maximum.

GOOD AND POOR LEARNERS IN AN ORAL SCHOOL FOR THE DEAF

(Continued from page 295)

Summary and Conclusions

1. 12 very good, 12 very poor, and 25 average learners were studied over a period of three years
2. The following characteristics of the good learners, as compared with the poor learners, were noted. As a group:
   a. They came from families somewhat better off in socio-economic status and education.
   b. They had more preschool training and had achieved a higher level of lipreading and speech skills before entering Clarke School.
   c. They appeared to be a physically more fortunate group, superior in birth weight and with developmental histories marked by fewer serious illnesses and accidents.
   d. Their early years appear to have been less marked by emotionally disturbing or blunting experiences.
   e. On various mental tests they appeared intellectually superior, but with much overlap between the groups on all but the Good-enough Draw-A-Man Test. This test differentiated between good and poor learners without exception.
   f. They were superior in performance on a test of visual perception, and ophthalmological tests of visual functioning.
   g. They showed fewer instances of the condition of mixed dominance.
   h. They were markedly more mature on a projective test, the Buhler World Test.
3. These findings of group differences between good and poor learners were considered of importance as indications of the need for more detailed clinical studies of individual children. Especially indicated were studies of pre-and-post-natal histories, discriminative studies of auditory functioning, and developmental studies of personality and emotional adjustment.

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Current Audio-Visual Materials on the Exceptional

JEROME H. ROTHSTEIN

We take pleasure in introducing another new service to our readers. Jerome H. Rothstein, associate professor of education, San Francisco State College, California, has agreed to provide the material for these reviews. Readers of EXCEPTIONAL CHILDREN may be acquainted with Dr. Rothstein's work as co-author of ICEC's annotated directory, *Films on the Handicapped.*—I.K.G.

(Confidential File) Exceptional Children. Guild Film Co., 460 Park Ave., New York 22, N.Y. Black and white; sound; 26 minutes running time; $10. for rental.

DESCRIPTION: A kinescope production of the Paul Coates' television series entitled "Confidential File." Deals entirely with the problems of the severely mentally retarded child. The reporter interviews parents of mentally retarded children and discusses parental attitudes, planning for these children, and the realistic need for acceptance on the part of parents and community. A specialist in the training of the severely retarded is brought into the film to discuss technical aspects of mental deficiency. There is a lengthy sequence showing parts of the training program of the Exceptional Children's Foundation of Los Angeles.

Diagnosis of Childhood Schizophrenia. New York University Film Library, 26 Washington Place, New York 3, N.Y. Black and white; sound; 35 minutes running time; $10. for rental.

DESCRIPTION: Traces the step-by-step procedure of screening clinical data to establish the diagnosis of childhood schizophrenia. This process involves a review of historical materials, psychological test findings, and clinical observations while noting the absence of significant medical, neurological, and laboratory test results. The teamwork involved in the diagnostic effort is emphasized throughout. The film concludes with a therapeutic sequence which in addition to pointing up some of the pathognomonic features which were presented, also demonstrates the clinical approach to the schizophrenic child.

The Human Brain. Encyclopedia Britannica Films, 1150 Wilmette Avenue, Wilmette, Ill. Black and white; sound; 11 minutes running time; $2.50 for rental.

DESCRIPTION: This film opens with a traffic incident; a driver is forced to decide how to avoid striking an oncoming car. The driver, like the rest of us, is equipped with the finest of all thinking

organisms, the human brain. An animation sequence reviews the structure of the brain, explaining briefly the functions of the brain stem, the cerebellum, and finally in greater detail, the cerebrum. In a live-action sequence the film describes how the cerebrum develops with an individual's growth from birth to adulthood. Using the driver in the traffic situation as an example, the film describes the thinking process performed by the cerebrum.

Helen Keller in Her Story. Louis De Rochemont Film Library, 13 East 37th St., New York 16, N.Y. Black and white; sound; 45 minutes running time; $12.50 for rental.

DESCRIPTION: A factual biography, made up of still photographs, early motion pictures, newsreels, and sequences of Helen Keller's daily life, shot especially for this film, with Miss Keller appearing as herself throughout. The film traces the astonishing career of Miss Keller from birth until her present age of 76, showing in dramatic detail how the blind, deaf, and mute woman overcame insuperable handicaps to become one of the great world figures. It is narrated by Katharine Cornell.

No Less Precious. National Association for Retarded Children, Inc., 99 University Place, New York, N.Y. Black and white; sound; 14 minutes running time; No rental fee listed, pay transportation only.

DESCRIPTION: Newsreel on mental retardation; presents information on widely-separated areas of the United States. It reports on: scout troops in Wyoming; opening of a school for the severely retarded in California; the Fogarty award in Providence; a year-round recreation activity for the mentally retarded; research activity; teacher training programs in Texas; and the opening of new institutions in Connecticut. Walter Cronkite is the narrator.

The Bully. Young America Films, 18 East 41st St., New York 17, N.Y. Black and white; sound; 15 minutes running time; $3. for rental.

DESCRIPTION: *The Bully* is a discussional-type film dealing with a common problem in group living, that of the individual who is too aggressive in his relationships with others of his group. The situation dramatized is about a boy in his teens, big for his age, and aggressive in his relationships with others. He is a leader of a gang of boys, most of them are smaller in size. The boys and girls involved in the story are of junior high school age. Many poignant questions are raised by the action in the film, pointing up that usually there is no "best" solutions to a problem such as bullying.

CHICAGO OPENS A NEW SCHOOL FOR THE PHYSICALLY HANDICAPPED

(Continued from page 299)

tric eye, and grab bars in the oversized toilet stalls. These factors will reduce the number of pupils who have to have attendant help in toileting.

Corridors: Corridors are necessarily long, partly because of the generous size of the classrooms. Rest benches along the way, and grab rails on the walls ease the passage of handicapped youngsters.

Future Plans

The present school lacks the home-mechanic shop, arts and crafts room, and library frequently provided for older elementary pupils. These activities are provided for by specialized equipment in the upper-grade classrooms, which fortunately are large enough to make a considerable provision possible. The decision to omit these facilities at this time was due partly to considerations of economy, but also to uncertainties about the future incidence of handicapping conditions. Approximately 20 percent of the pupils are handicapped as a result of poliomyelitis. In spite of Chicago's serious epidemic of 1956, it is hoped that the success of the Salk vaccine over a period of years will greatly reduce this figure. On the other hand, Chicago boosters of a very practical sort predict astronomical increases in the population of the city and particularly of the south end, as the Inland Waterway installations grow and come into full use with the opening of the St. Lawrence projects. The next year or two should give better indications of the meaning of both these factors in the enrollment of special and regular schools. The Neil plans are drawn with a view to expansion with a wing possible east of the bus platform, or by conversion of the U-shaped building into a complete rectangle.

—G. ORVILLE JOHNSON

News Notes

The American Public Health Association announces publication of two books in its series of "Guides on Services for Handicapped Children: Services for Children with Hearing Impairments (124 pages)," endorsed by the American Speech and Hearing Association, covers the specific problems of hearing loss in their relation to a wide range of professional interests. Dr. Samuel M. Wishik, chairman of the Committee on Child Health, states "Workers in both health and education will be helped by this guide to appreciate more fully their common interests and related roles in hearing conservation and rehabilitation."

The other new publication, *Services for Children with Vision and Eye Problems* (112 pages) was prepared jointly by the American Public Health Association Committee on Child Health and the National Society for the Prevention of Blindness. It deals specifically with the effect of eye and vision disturbances on individuals, families, and communities emphasizing that sound planning for children with these particular difficulties is approached best as one part of a total community effort for all handicapped children. Concrete guidance in or-

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1. **CLASS FOR TOMMY**
   Tells the story of a public school class established for the teaching of mentally retarded children. Shows how classes and activities are specially developed to aid in overcoming both mental and physical handicaps. Stresses necessity of cooperation between parents and the school. Produced by Los Angeles City Schools. *20 minutes B&W, Rent $7.50, Sale $90.00*
2. **DAY AT WASHINGTON BOULEVARD SCHOOL**
   Documents the educational program of a school for physically handicapped children, picturing the therapeutic techniques employed to help these youngsters. Produced by Los Angeles City Schools. *21 minutes Color, Rent $10.00, Sale $175.00; also B&W, Sale $90.00*
3. **HANDICAPPED GO CAMPING**
   Shows typical incidents of a camping day to illustrate how both normal and handicapped children can profit physically and socially from their joint efforts and mutual interest in camp activities. Produced by State College of Washington. *11 minutes Color, Rent $5.00, Sale $100.00; also B&W, Sale $50.00*

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ganizing special services and mobilizing community resources is offered. Prevention of eye disability is strongly emphasized and medical, social, and educational responsibility for care is outlined.

These two manuals bring the current number in this series to six. The titles of the first four guides are as follows: *Services for Handicapped Children; Services for Children with Cerebral Palsy; Services for Children with Cleft-lip and Cleft-palate;* and *Services for Children with Dento-Facial Handicaps.* According to the American Public Health Association, all of the guides in the series were prepared by the American Public Health Association's Committee on Child Health in cooperation with recognized specialists in medical, rehabilitation, and public health fields. The subject of "handicaps" is approached in broad perspective, and from several points of view—that of physicians, the child and his parents, teachers, social workers, and other professional persons who are concerned about handicapped children. Each guide brings these viewpoints together and focuses the discussion on ways in which modern knowledge can be useful in improving social attitudes and promoting health practices. The series of guides attempts to give specific answers to questions professional people and responsible citizens ask, namely: What is the nature of the handicap? Why should communities be concerned? What is the expected outcome for the children? Can this condition be prevented? How do professional persons feel about the best ways of caring for handicapped children? What specific facilities are needed? Who should be responsible for providing them? How can services be organized most economically?

The new publications are priced at $1.50 each. All six current guides may be obtained for $7.55 from the Committee on Child Health, American Public Health Association, 1790 Broadway, New York 19, New York.

* * *

The American Medical Association recently reported that a new drug which almost completely controlled epileptic seizures in 34 of 126 patients eventually may help explain the physiological basis of the seizures. The report was made by Drs. Cesare T. Lombroso, Douglas T. Davidson, Jr., and Maria L. Grossi-bianchi, from the Seizure Unit of Children's Medical Center and the Department of Pediatrics, Harvard Medical School, Boston. The study was aided by a research grant from the Institute of Neurological Diseases and Blindness, National Institutes of Health, Bethesda, Maryland. The drug Acetazolamide (Diamox) caused a 90-to-99 percent reduction in seizures in 12 other patients, a 50-to-90 percent reduction in 22, and a smaller reduction in the remaining 58.

In the past, it has been found that changes in the amount of carbon dioxide in the blood which affects the body's acidity influenced the course of epilepsy. An increase in acidity has been helpful for young persons and certain other types of epileptics. This acidosis has been achieved by diets, inhalation of carbon dioxide, and other methods but all of them have been limited in use.

The physicians base their investigation on another method of reaching acidosis: stopping the action of carbonanhydrase. This agent combines carbon dioxide and water to form carbonic acid, thus helping to maintain the balance of carbon dioxide in the blood. They felt it worthwhile to see if a potent carbonanhydrase inhibitor could produce the desired change in carbon dioxide level and thus control the seizures. They also felt the study would give a clue to the reason acidosis affects epileptic seizures and whether the action results from general acidosis in the system or from the action of carbonanhydrase on the nerve cells.

Acetazolamide was given to 82 patients below the age of 12; 24 between the ages of 12 and 19; and 20 over the age of 20 for periods ranging from three months to three years. The degree of improvement was not related significantly to a personal history of brain damage, a family history of epilepsy or to the type of seizure but seemed to be based on individual reactions. None of the patients was made worse by the drug nor did any abnormalities of blood, urine, or bone develop. Unfavorable side effects were drowsiness, loss of appetite, and irritability while favorable effects included improvement in behavior, sleep, and alertness.

Acetazolamide, the carbonanhydrase inhibitor they used did result in patients' improvement, although it did not answer improvement. The physicians, however, stated that further research would be required to learn more about the drug's effect on the chemical and physical changes in normal and abnormal brain tissue. This, in turn, may show the difference between the two types of tissue and explain the action of epileptic seizures.

A second release of the American Medical Association stated that stuttering is a personality defect rather than a speech defect, and treatment must be aimed at the underlying emotional difficulties. The statement was made by a New York psychiatrist in a signed editorial in the April issue of the *Journal of the American Medical Association.* Dr. Smiley Blanton, of the American Foundation of Religion and Psychiatry said there are three functions of speech: expressing emotions, adjusting to other people, and expressing ideas.

Stuttering is a block of a person's ability to adjust to other people arising from anxiety and meeting various social situations. Stutterers usually can talk to themselves, to animals, and often to people with whom they are friendly but not in situations where fear and anxiety are aroused.

Studies have been made to show that there is some organic cause of stuttering but no positive evidence has been found that nervous or physical deformities cause stuttering except in occasional cases. Another theory offered but not accepted by most investigators is that stuttering springs from making a left-handed child write with his right hand.

Dr. Blanton said there are about 600 speech sounds in the various languages of the world. The baby in his babble stage uses hundreds of these sounds but when he begins to speak he must exclude all the sounds except the 56 which are used in the English language. Stutterers seem to fail to make this exclusion.

The treatment of the stutterer consists of building up his confidence, giving him loving attention, and teaching him to adjust to groups. It is helpful for the child to receive special training but some of the results obtained in classes may be due more to the loving attention the child gets than to the treatment itself. In the case of the very young child who stutters, there is need for a reorganization of the family life so that he will receive the right amount and kind of love and affection so as to develop a sense of security.

Dr. Blanton concluded, "There is no short cut to the treatment of stuttering. When stuttering persists on to adolescence and adulthood, the person's whole personality is involved and not just the speech organs. He must be trained to understand himself and to learn to adjust to other people without fear and without tension."

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STEVEN GETZ, Ph.D.

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"Too much emphasis cannot be made on the central fact that every phase in the work of educating the deaf, important as it is, must be correlated at all times with the object of this field of special education, viz: to adjust deaf children to the civic, social, moral, and economic conditions of life to the end that they may be law-abiding and self-supporting citizens of the state. The nature of educational work with the deaf is such that over-emphasis on any given phase of the work means under-emphasis on the object. Deaf children so affected lose tremendously by it. It was for the purpose of determining where the proper emphasis of time and energy should be focused during the educational life of the deaf child that this study was made."—*From the Foreword by Dr. Elwood A. Stevenson*

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ATTITUDES OF UNIVERSITY STUDENTS TOWARD EXCEPTIONAL CHILDREN AND SPECIAL EDUCATION

(Continued from page 290)

Different categories of exceptional children were found to have different social stimulus values to the respondents. Moreover, the attitudes toward a particular kind of exceptional child tended to be fairly consistent, both in various situations and among different respondents.

One of the conjectures with which this study began was that there might be differences in the attitudes toward exceptional children between students in education and those outside of education. It was thought that a student who chose to enter the field of education would be more understanding and accepting of individual differences than would, for example, a student who entered engineering. This conjecture was only partly supported by the finding—there were indeed some differences between the two groups of respondents, but acceptance-rejection cut across these groupings. The education students were just as unwilling to teach special classes as the other respondents were. They showed less acceptance of crippled children than did other respondents. While the non-education students were openly hostile toward mentally handicapped and socio-emotionally maladjusted children, the education students also harbored distinctly unfavorable stereotypes and wishes for the segregation of these children.

Implications of the Findings

Because the population employed in this study does not represent the population at large, the findings must be interpreted merely as hints on possible attitudes toward exceptional individuals.

It does appear, however, that there continues to be a great need for the cultivation of more helpful social attitudes toward individuals with different degrees of intellectual and physical abilities, and behavioral and physical characteristics. With the present knowledge of how children develop concepts of self and worthiness or unworthiness, the necessity for such effort is obvious. Acceptance can not be legislated, nor, at our present level of operations, can it be conditioned. It is learned, as are all attitudes, mainly by an individual adopting the attitudes of the important people around him. It is time this vicious circle of prejudice was broken.

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There is the suggestion that current information on exceptional individuals and the slowly changing, publicly-voiced attitudes toward them are factors in the beginning of wider acceptance of the exceptional. Thus, the physically handicapped are moving toward greater acceptance. The mentally handicapped are not completely rejected any longer, perhaps because of increased public education and frankness on this subject. The most rejected remains the maladjusted child, and even here some interest has been manifested in his behalf. The realization of the needs of these children is increasing; helped probably by the current interest in the mentally ill.

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out of the CLASSROOM

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RICKS COMMUNICATOR

Robert W. LaVoy, teacher, El Portal del Sol,
School for Cerebral Palsied Children.
Redwood City, California

The establishing of communication with a severely involved cerebral palsied child is the most difficult task a teacher faces. Without communication the teacher has no means of determining if what has been presented has been absorbed. At what rate should the material be presented to the child is a question a teacher often asks himself.

Ricks Communicator was invented and developed to help children who are cerebral palsied. This particular invention relates to a device for use by individuals who have very poor control of major parts of body and unable to verbalize.

In its basic embodiment, this invention comprises a display panel mounted on a suitable base. The display panel has sufficient surface to display various legends which indicate different types of information that the individual may want to convey to others. The information is printed on oak tag cards and hung on display panel. A pointer moves around the display panel by power operated means to bring it into alignment with any of the information the child wishes to convey. The power operated means is controlled by an electric eye switch which can be attached to the child's desk or any other suitable place where he can be near it. The only movement necessary to initiate the power is a movement of some part of the body that will break a beam of light. No pressure is necessary. Finger, head, foot, or any part of the body that the child can control slightly will suffice. Once the beam of light is broken the power means goes into effect and the pointer moves about the display panel. When child has pointer aligned to information that he wishes to make known he removes obstruction from light and the power becomes ineffective to cause any movement of the pointer. By this method a child can be tested on academic material presented to him, and he can be taught to make his basic wants known, (i.e. bathroom, drink, etc.).

The following methods of using the Ricks Communicator have proven successful.

- To initiate a reading readiness program a color chart is made and attached to the display panel. Matching color cards are made separately. These separate color cards are held up by teacher; and child aligns pointer to matching color on chart. A separate chart with child's name and names of members of his family is made and attached to display panel. After he learns names he is able to participate in the daily news program. When he wishes to talk about someone in his family he runs pointer to name of person. Of course, at this point, teacher has to question him with "Yes" and "No" type questions, to ascertain the person being discussed.
- The student is then introduced to *Stories in Pictures,* a reading readiness workbook. Pages with pictures for stories are told to him. Pages that have matching exercises are cut out. The picture that is to be matched is cut out separately and kept by teacher. Other pictures are attached to the display panel and child runs pointer to matching picture of one teacher holds before him. By this method a reading readiness program is carried out.
- The reading program follows similar pattern of other children who are able to verbalize. The child is included in a reading group. The phrases and words are introduced to the pupil. He follows in the reader as other children read. The phrases and words are printed on oak-tag cards and attached to the display panel. The phrase or word is called by teacher and child aligns pointer to phrase or word that is called. Usually, 10 to 15 words are attached to the display panel. By this method it is determined if the child is ready to proceed to new unit in reader or needs further study on present unit.
- The reading workbook is used in conjunction with the reader. A choice of answers are written on cards which are attached to the display panel. The question is placed where child can read. He then, aligns indicator with correct answer.

  EXAMPLE: Jane $\begin{matrix}\text{will ride}\\ \text{will run}\end{matrix}$ on the pony. The phrases "will ride" and "will run" are printed on cards which are attached to panel. The child reads sentence and then stops indicator on appropriate answer.
- Along with reading the child is introduced to beginning and final consonants. The letters are

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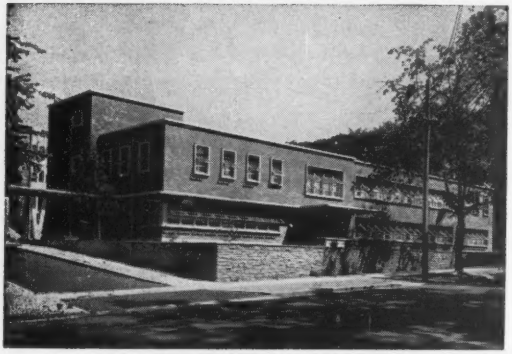

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attached to the display panel and the pupil aligns pointer on the beginning sound of word that is said in sound games. For example, teacher will say "ball" and child stops pointer on the letter "B"; or "see" and the pointer is stopped on the letter "S."

- The pupil first learns to spell his name as other children do. Just enough letters to spell his name are attached to the display panel so as not to confuse him. Later words which are meaningful to him are introduced, such as "Mom," "Dad," sister's name, etc.
- He is then introduced to the first book of the "A to Z Speller." The entire alphabet is attached to the display panel at this time. The words are placed in a convenient place by the pupil's desk, where he can study them and practice on the Ricks Communicator. During testing he aligns indicator to each letter which in turn is written on blackboard by teacher. Using this technique the child is now able to participate in spelling bees.
- The number concepts are introduced first by matching number groups. The student is shown number groups and is taught how to match similar groups. The pupil is started in the workbook "Getting Ready for Numbers." This workbook is used in a comparable manner as the Reading Readiness workbook. Pictures are cut out and glued to card which in turn is attached to the display panel of the Ricks Communicator. The teacher holds up a card which has a certain number group and the child moves indicator to corresponding group on display panel.

  EXAMPLE: Teacher holds card with a picture of four animals. Child aligns indicator on all pictures on the display panel that has four animals. This, of course, is carried out with other types of grouping.
- As the student begins to count, the numbers from one to ten are attached to the display panel. Various objects are placed in front of child which he counts. He shows his answer by running the indicator to the correct number. By this procedure the teacher knows if the child is learning to count and recognize numbers.
- Now the student becomes ready for number combinations. The numbers are attached to the

panel and he runs the indicator to the correct answer.

EXAMPLE: Flash card is held up, such as "4 + 1" and child stops indicator on "5." This gives the student an opportunity to participate in group games.

- The most important aspect of teaching number concepts to cerebral palsied children is to use many types of concrete objects. Handicapped children's lack of experience with concrete objects hampers progress.
- As workers with cerebral palsied children know, the establishing of communication with the severely involved child is most important. It is important to find different stimuli which will motivate the child to take more interest in classroom activities. The feeling of success is the best incentive to arouse children to attempt better work.

The Ricks Communicator has proven successful in these areas. It is being manufactured by the Ricks Communicator Company, 3200 Louis Road, Palo Alto, California.

PORTA–SCHOOL KITS

Grace C. Fearing
Tampa, Florida

In the year 1957 many pupils will be taught out of the classroom—in the home or hospital. Teachers known as "helping teachers" who travel from classroom to classroom also like those teachers mentioned before, will be carrying materials pertaining to their professions. Here is a series of teaching aids to be known as the "Porta-School Kits"—planned to help solve the paramount problems of the home and hospital teacher—to help make their work more efficient and less frustrating. The designer is a teacher in the department of special education in the public school system of Hillsborough County, Florida.

While the average classroom teacher has at her disposal a classroom which costs between $15,000-$25,000 to build, equip, and staff, the home and hospital teacher finds herself with little or no equipment planned for her type of work. Little or no money for equipment is therefore allocated for this highly specialized teacher.

The problems the home or hospital teacher faces revolve around the fact that she moves from place to place, and/or that she has to set the scene for her class in the home or at the bedside. With her two arms she carries all of her equipment. She is limited by space and time; therefore, does not always have the proper tools at hand.

Kit No. 1 is the "Car Carry-all" which will be fabricated of very light weight material. It may be lifted from the seat of a car to the trunk of a car as easily as an orange crate. It should be useful to supervisors and itinerant teachers for its space is planned to house books, jars, rolls, maps and small items, such as paper, pencils, and scissors. Its front drops down and becomes a writing or working area. The fabric flaps and top cover the contents when the stiff front is lifted up and fasten over any size or contour of the contents. It is built of wood and fabric and fastens with straps.

Kits No. 2-A and 2-B are designed especially for teachers of homebound children. Many teachers use their own cars for transportation, but some in large cities depend upon subways, buses and trains. For this latter group, Kit No. 2 is suggested. This kit looks like a VIP case, having a file in the lid; a hinged leaf which covers the book area and which is treated as a chalk board. This may be used as a writing desk.

Kit No. 2-B, also for homebound teachers, strong and nicely matched to No. 2-A in color and size, is for books and materials.

Kit No. 2-C is designed for teachers using their own cars. For each pupil appointment, books and supplies may be replenished from the car Kit No. 1 and placed in this strong, sturdy compact carry-all to be transported into the home.

Porta-School Kit No. 3 is never carried. It rolls, and is planned for use by teachers for bedside teaching, whether in the hospital or home. It houses not only standard teaching equipment, but has space enough for the following teaching aids: a small record player; record case; view-master; film strip projector; small musical instruments; reference volumes; craft supplies; educational games and visual aids. Two wings adjustable to the height of hospital beds or wheel-chairs fasten on each side to serve as working areas. Blackboard, bulletin board, easel and storage space for jars three inches in height are included. Over the top of the kit, when in upright position, may be slung charts, maps and lined

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STAMP SET

Robert W. LaVoy, teacher, El Portal del Sol School, Redwood City, California

Have you, a teacher of the cerebral palsied child, ever been frustrated in your attempts to find out how much academic work the child has assimilated? This is one of the major problems of teaching the severely involved cerebral palsied child. The severely involved child who is without speech cannot answer questions, cannot hold a pencil well enough to write, and does not have control of his arm to draw a line.

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If you have a student who has the ability to grasp a peg this same method can be used in your classroom.

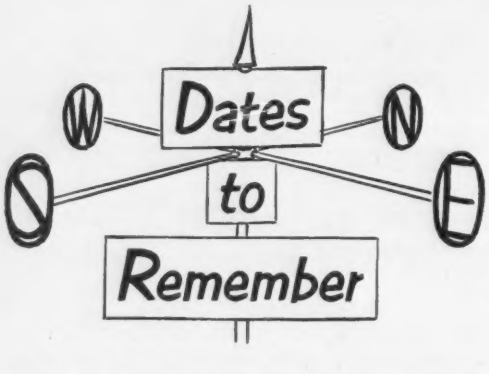
A one-half inch stamp set can be purchased from almost any stationery store. Handles that were once used on big block stamps can be purchased. The small handles on the stamps have to be cut off. A small hole is drilled in the stamp block and the end of the large handle is glued and inserted.

A special stamp rack is made from one-fourth inch and one-half inch plywood. The child's arm

span is measured so the rack will be the correct length for his reach. The student at El Portal del Sol School, using this method, can reach 10 stamps placed in this special rack.

The rack is 33½ inches long. It is set at a 45 degree angle so the stamps will be held in by gravity. One inch holes are drilled three-fourths inches apart. This is to allow enough room so that the child will not knock other stamps out while reaching for a specific one. The rack is clamped to a table top with a c-clamp and the work to be done is scotch taped to the table top. The ink pad is clamped in a convenient spot so the child can add ink to the stamp as needed.

This method has been used successfully for arithmetic problems, sound work (pictures that begin with a certain sound and child stamps appropriate letter) matching likes and dislikes, and a reading workbook.



Apr. 5-7	American Occupational Therapy Assn, St. Louis, Mo.
Apr. 7	World Health Day
Apr. 7-10	National Society for the Prevention of Blindness, Hotel Statler, N.Y.C.
April 11-12	**Tenn. State ICEC Federation, Nashville**
Apr. 21-26	Assn for Childhood Educational International, Los Angeles, Calif.
Apr. 22-26	Fourth Annual Institute sponsored by the American Hospital Assn and the American Occupational Therapy Assn, Seattle, Wash.
Apr. 23-27	**ICEC CONVENTION, NEA, Hotel Penn-Sheraton, Pittsburgh**
Apr. 28-May 4	Mental Health Week
May	Cerebral Palsy Month
May 3-4	**Calif. ICEC Federation, Sacramento**
May 5-11	National Hearing Week
May 15-18	National Conference on Education for Leisure, Woodner Hotel, Washington, D.C.
May 17-18	**Ill. Assn for the Education of Exceptional Children, Allerton Park, Ill.**
May 19-22	National Congress of Parents and Teachers, Cincinnati
May 21-25	American Assn on Mental Deficiency, Hotel Statler, Hartford, Conn.
May 23-24	1957 Annual Meeting of President's Committee on Employment of the Physically Handicapped
June 5-8	American Hearing Society, St. Louis, Mo.
June 15-20	UBEA, NEA, Dallas, Texas
June 23-28	American Instructors of the Deaf, Tenn. School for the Deaf, Knoxville
June 23-29	American Physical Therapy Assn, Hotel Statler, Detroit
June 30-July 6	NEA Centennial Convention, Philadelphia
July 1-4	National School Public Relations Assn, Philadelphia
July 1-6	12th International Congress of Occupational Health, Helsinki
July 7-19	Classroom Teachers National Conference, NEA, Philadelphia
July 8-12	4th World Poliomyelitis Conference, Geneva, Switzerland
July 8-13	Interamerican Society of Philosophy, Gallaudet College, Washington, D.C.
July 22-26	International Society for the Welfare of Cripples, London, England

1957
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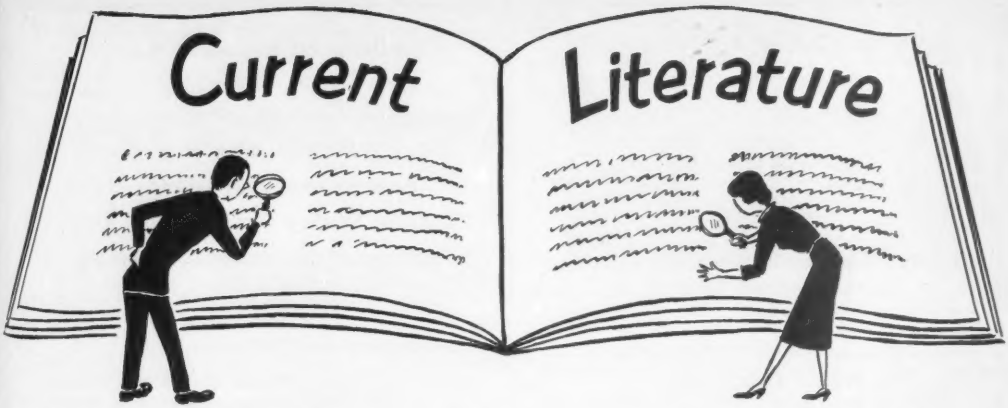

Compiled with the Assistance of the Library, National Society for Crippled Children and Adults, Chicago.

NEW BOOKS BRIEFLY NOTED

CAPA, CORNELL and PINES, MAYA. *Retarded children can be helped.* 1957. 159 p. illus. Channel Press, Great Neck, N.Y. $5.00.

From a two-part series of articles which appeared in *Life* magazine in 1954, this book has been developed into a full report of what parents of the retarded have achieved in the way of training and education for their children. The book should aid materially in advancing the cause of retarded children.

HAHN, ELISE S. and EUGENE F. *Stuttering; significant theories and therapies.* 2d ed. 1956. 180 p. Stanford Univ. Pr., Stanford, Calif. $4.00.

The first edition published in 1943 by Dr. Eugene F. Hahn, this second edition has been revised and brought up to date by his wife after Dr. Hahn's death in 1944. Summaries of the theories and therapy employed by the following 25 authorities in the field of speech therapy are presented. Statements included are those of: Smiley Blanton, M.D., C. S. Bluemel, M.D., E. J. Boome, Bryng Bryngelson, W. A. Carot, Isador H. Coriat, M.D., Knight Dunlap, John M. Fletcher, Emil Froeschels, M.D., Mabel F. Gifford, James S. Greene, M.D., Wendell Johnson, George A. Kopp, Max Nadoleczny, M.D., Yale Nathanson, Edward Pichon, M.D., and Mme. Borel-Maisonny, Samuel D. Robbins, Joseph G. Sheehan, Meyer Solomon, M.D., Walter B. Swift, M.D., Lee Edward Travis, C. Van Riper, Desc A. Weiss, M.D., Robert West, Gertrud L. Wyatt, Appendix: Treatment of stuttering in the public schools, by Margaret Hall Powers.

VAN RIPER, CHARLES and GRUBER, LESLIE. *A casebook in stuttering.* 1957. 149 p. Paperbound. Harper & Bros., New York 17, N.Y. $2.50.

A casebook designed to give the beginning student of speech therapy some vicarious experience in examining, diagnosing, and planning therapy for a severe secondary stutterer. Covered are techniques of planning the initial interview, the purpose and evaluation of case histories, techniques of interviewing, the value of the stutterer's autobiography, the stutterer's attitude toward his stuttering and his evaluation of his own problem, exploring for emotional factors (use of tests), observation in actual speech situations, aspiration levels, testing motor skills, breathing abnormalities, and analysis of symptoms.

PERIODICAL ARTICLES AND PAMPHLETS

AUDITORY IMPAIRMENTS

ALEXANDER GRAHAM BELL ASSOCIATION FOR THE DEAF. "Reading for deaf children; a panel discussion held at the 1956 Summer Meeting . . . Chairman, Margaret Breakey. . . ." *Volta Rev.* Dec., 1956. 58:10:429-39, 451.

Contents: Use of standard textbooks in the intermediate grades, Alyce Thomas.—Audio-visual aids in reading, Priscilla Pittenger.—Techniques for developing reading skills, Alice A. Kent.—Guiding deaf children in following individual interests in reading, Irene T. Wasell.

BENDER, RUTH E. "The case of the child with a mild hearing impairment." *Elementary School J.* Jan., 1957. 57:4:224-25.

The writer urges more tolerance and understanding of the child and his handicaps, with less pressure on him to meet normal standards as quickly as nonhandicapped children.

HOFFMAN, SANDY. "Physical education is for the deaf, too." *Texas Outlook.* Dec., 1956. 40:12:16-17.

A physical education teacher tells of her student-teaching experiences at a school for the deaf.

SIMMONS, JOHN S. "Social integration of preschool children having hearing problem." *Social. & Soc. Research,* 1955. 40:99-101.

Children with hearing problems seemed to seek less affection from the teacher but responded to her as a person of authority in almost the same manner as normal hearing children. Although observed in solitary play (not because they wanted to), they often sought out the opportunity to play with others.

ORTHOPEDIC AND NEUROLOGICAL IMPAIRMENTS

BARRETT, NORAH M. "The welfare of the adult spastic." *Spastics' Quart.* Dec., 1956. 5:4:11-14.

The welfare officer of the Midland Spastic Association, Great Britain, describes services of that organization to aid adolescent and adult groups. Statistics on the status of

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LOUIS J. CANTONI, Ph.D., *Adviser in Rehabilitation*

577 spastics over 15 years of age in Birmingham and the West Midlands region are included.

BROWER, LESTER M. "Factors inhibiting progress of cerebral palsied children." *Am. J. Occupational Ther.* Nov.-Dec., 1956. 10:6:293-95.

Perceptual disturbances, perseveration, thinking and behavior disorders, and particular abnormal reactions seen in the lacing process are discussed. The occupational therapist assumes the dual role of therapist and teacher when dealing with self-help skills in cerebral palsy.

CEREBRAL PALSY REV. Sept.-Oct., 1956. 17:5. Title of issue: "Vocational guidance and rehabilitation;" Ernest Fleischer, Associate Editor.

Papers presented here constitute reports of project committees from workshops conducted at various universities for the past four summers. Any inquiries concerned with the information presented here should be addressed to Ernest Fleischer, United Cerebral Palsy Assns., 365 Lexington Ave., New York, N.Y.

DAUER, CARL C. "The changing age distribution of paralytic poliomyelitis." Annals, N.Y. Acad. Sciences. Sept. 27, 1955. 61:4:943-955.

Data presented confirm previous reports that incidence under 5 years of age has decreased when compared with the 5-to-9 age group. Since 1940 there has been a relative increase in attack rates in persons 20 years or over.

FRANCISCO W. DAVID, BYRNE, MARGARET C., and ELKIN, MIRIAM TATE. "Cerebral palsy; the physical, psychological, and speech status of children seen in the University of Kansas Medical Center Clinic," *J. Kan. Med. Soc.* July, 1956. 57:7:413-15.

Statistical data on 240 children show: ". . . The largest number of cases, 62%, were classified as spastic. . . . Approximately 37% will get along in public school with some additional assistance; 18% need to be in special classes or special schools, and 39% are not going to profit from public school programs. Speech evaluations indicated that 19% of the children have speech within normal limits; 49% need speech therapy, and 32% probably will not develop speech."

WOLFIN, A. A. "Physical education is neglected." *Special Schools J.* Nov., 1956. 45:4:13-15.

The writer deplores the lack of adapted physical education in schools for the physically handicapped. Objectives are discussed as well as adaptations to provide the opportunity for learning skills.

RETARDED MENTAL DEVELOPMENT

BENDA, CLEMENS E. and FARREL, MALCOLM J. "Psychopathology of mental deficiency in children." 26 p.

In: Hoch, P. H., & Zubin, J. *Psychopathology of children.* New York, Grune and Stratton, 1955. Ch. 5, p. 56-81.

Describes some of the aims of research in mental deficiency and presents clinical data based on 267 cases of mental deficiency in which microscopic studies were completed after autopsy.

U. S. CHILDREN'S BUREAU. *The child who is mentally retarded.* 1956. 23 p. *(Children's Bur. folder No. 43-1956)* U. S. Superintendent of Documents, Washington 25, D.C. 10¢.

A small pamphlet for parents.

WATERS, THOMAS J. "Recent research on somesthetic effects of brain injury." *Training School Bul.* Dec., 1956. 53:8:212-26.

A report of a survey of pyschological studies in the area of sensation and perception made since 1950-51. 45 references.

GIFTED

KLAUSMEIER, HERBERT J. "The gifted; what will they become?" *Phi Delta Kappan.* Dec., 1956. 38:3:112-16.

Goals to strive for in the area of intellectual achievements, social competence, and moral values are defined. The writer proposes 9 steps pertaining to education from kindergarten through high school to achieve the goals set forth.

SPEECH IMPAIRMENTS

BOBRICK, GLADIS W. "Speech therapy for cerebral-palsied children." *Speech Teacher.* Nov., 1956. 5:4:313-19.

The special teacher of speech improvement in the Cerebral Palsy Unit, Public School 85, Bronx, N.Y., discusses the four factors governing speech therapy techniques in cerebral palsy and how methods vary in teaching children with different types of the disorder.

GOLDSTEIN, ROBERT, GOODMAN, ALLAN C., and KING, ROBERT B. "Hearing and speech in infantile hemiplegia before and after left hemispherectomy." *Neurology.* Dec., 1956. 6:12:869-75.

Findings of 4 patients confirm that ability to understand somewhat distorted speech in spite of normal thresholds for pure tones and speech was impaired and marked in the ear contralateral to the pathologic hemisphere. The latter condition did not change following hemispherectomy. Speech gave no evidence of aphasia and was not affected adversely by surgery. Vocabulary and language were commensurate with intellectual capacity and educational level.

HAYS, MARCIA. "Medical evaluation of speech services." *Calif. Health.* Dec. 1, 1956. 14:11:121-24.

Attention is directed to the necessity of detailed diagnostic investigation by medical and educational specialists, by social workers, by clinical psychologists, and by speech therapists and audiologists in order to arrive at a coordinated opinion for a treatment program for an individual child. The old-fashioned method of examination and report befuddles the teacher and speech therapist, as much as it does the administration of the Crippled Children Services' Program.

VISUAL IMPAIRMENTS

SEPTINELLI, ANTHONY E. "Imagination and ingenuity; keys to placement." *New Outlook for the Blind.* Dec., 1956. 50:9:354-58.

The author suggests ways of overcoming employer resistence, how to solve the transportation problems of blind workers, and how to place the "average" blind worker.

U.S. OFFICE OF EDUCATION. *Teachers of children who are blind; a report based on findings from the study "Qualification and preparation of teachers of exceptional children,"* prepared by Romaine P. Mackie and Lloyd M. Dunn. 1955. 109 p. illus. tabs. *(Bul. 1955, no. 10)* U.S. Superintendent of Documents, Washington 25, D.C. 40¢.

Covered are the competencies needed by teachers of blind children, opinions on the effectiveness of some teachers, and practical experiences in professional preparation of teachers.

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INTRODUCTION TO EXCEPTIONAL CHILDREN, Revised Edition
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DIAGNOSTIC AND REMEDIAL TEACHING, Revised Edition
by Glenn Myers Blair, University of Illinois
Offering new insights into the remedial teaching processes, this revised edition emphasizes practical methods and techniques for overcoming basic disabilities of both elementary and secondary school students. Now included—lists of recommended films for remedial teaching and twelve pages of pictures of remedial activities. 1956 416 pp. $5.00

PROFESSIONAL PROBLEMS OF TEACHERS
by the late Albert J. Huggett, Michigan State University and T. M. Stinnett, National Education Association
With emphasis upon teachers' responsibilities for improving their working conditions and for determining professional standards, this important new book presents practical information teachers need to function more effectively as members of their profession. 1956 468 pp. $5.25

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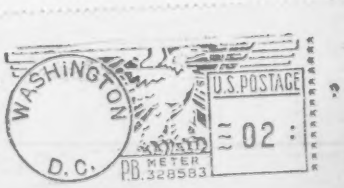
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